

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 01 01 2006 through 03 31 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 05 19 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**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

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	249589.57									
(c) Total Receipts (from Line 19)	110716.08	110716.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	360305.65	360061.07								
7. Total Disbursements (from Line 31)	129425.00	129425.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	230880.65	230636.07								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

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	44190.00	44190.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	64336.10	64336.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	108526.10	108526.10
(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)	108526.10	108526.10
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.)	2189.98	2189.98
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))	110716.08	110716.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	110716.08	110716.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	20500.00	20500.00
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.....	108925.00	108925.00
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))..	129425.00	129425.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	129425.00	129425.00

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)	108526.10	108526.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	108526.10	108526.10
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: (check only one)	PAGE 6 / 95
	<input 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 checked="" 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) A. Capitol National Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 200 Washington Sq.		Transaction ID: 23812586
City State Zip Code Lansing MI 48933	Amount of Each Receipt this Period 806.45	
FEC ID number of contributing federal political committee. C		Bank Interest Received
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2189.98	

Full Name (Last, First, Middle Initial) B. Capitol National Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 200 Washington Sq.		Transaction ID: 23812587
City State Zip Code Lansing MI 48933	Amount of Each Receipt this Period 696.94	
FEC ID number of contributing federal political committee. C		Bank Interest Received
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.94	

Full Name (Last, First, Middle Initial) C. Capitol National Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 200 Washington Sq.		Transaction ID: 23812588
City State Zip Code Lansing MI 48933	Amount of Each Receipt this Period 686.59	
FEC ID number of contributing federal political committee. C		Bank Interest Received
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1383.53	

SUBTOTAL of Receipts This Page (optional) ▶	2189.98
TOTAL This Period (last page this line number only) ▶	2189.98

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 / 95
	<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) A. Joanne Wright		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6	
Mailing Address 42564 White Hart Blvd		Transaction ID: 23812594	
City State Zip Code Canton MI 48188-2665	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Katherine D Kelley		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 2741 Manchester Rd		Transaction ID: PR1001876113875	
City State Zip Code Birmingham MI 48009-5899	Amount of Each Receipt this Period 203.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Kenneth R Dallafior		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 314 Baldwin Ave		Transaction ID: PR1023392313875	
City State Zip Code Royal Oak MI 48067-3612	Amount of Each Receipt this Period 315.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 315.00	P/R Deduction (\$45.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	918.00
TOTAL 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 / 95
	<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) A. Dan J Zolkowski		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025168713875
Mailing Address 1841 Ridgewood		Amount of Each Receipt this Period 203.00
City State Zip Code East Lansing MI 48823-2939	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 ▼ 203.00	

Full Name (Last, First, Middle Initial) B. Cindy S Monroe		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025169213875
Mailing Address 275 Applewood Lane		Amount of Each Receipt this Period 203.00
City State Zip Code Bloomfield MI 48302-1101	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 ▼ 203.00	

Full Name (Last, First, Middle Initial) C. Michael R Schwartz		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1550956913875
Mailing Address 582 Henrietta Street		Amount of Each Receipt this Period 420.00
City State Zip Code Birmingham MI 48009-1453	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 Ntwrk Rel Contract & Pharm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional) ▶	826.00
TOTAL 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 / 95
	<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) A. Harvie Jarriell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1604520113875	
Mailing Address 1219 Berkshire Dr		Amount of Each Receipt this Period 203.00	
City State Zip Code Williamston MI 48895-9211	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 ▼ 203.00		

Full Name (Last, First, Middle Initial) B. Joseph H Hohner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1723467713875	
Mailing Address 2106 Stonebridge Way		Amount of Each Receipt this Period 315.00	
City State Zip Code Canton MI 48188-6227	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Technology & Development	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) C. Richard A Hetzel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1793762913875	
Mailing Address 725 Sunset St		Amount of Each Receipt this Period 315.00	
City State Zip Code Plymouth MI 48170-1076	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Corp Communications	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		

SUBTOTAL of Receipts This Page (optional) ▶	833.00
TOTAL 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 10 / 95
	<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)
Phillip D Churchill Jr

Mailing Address 1839 Lakewood Drive

City State Zip Code
Troy MI 48083-5520

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

Name of Employer
Blue Cross and Blue Shield of Michigan

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
494.00

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

Transaction ID: PR1794222913875

Amount of Each Receipt this Period
494.00

P/R Deduction (\$494.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Gary M Harvey

Mailing Address 1835 Robindale

City State Zip Code
Dearborn MI 48128-1047

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 ▼
203.00

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

Transaction ID: PR1794229913875

Amount of Each Receipt this Period
203.00

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

C. Full Name (Last, First, Middle Initial)
Elizabeth R Haar

Mailing Address 3607 Kipling Cir

City State Zip Code
Howell MI 48843-7444

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

Name of Employer
Blue Cross and Blue Shield of Michigan

Occupation
SVP Subsidiary Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

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

Transaction ID: PR1794230013875

Amount of Each Receipt this Period
455.00

P/R Deduction (\$65.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	1152.00
TOTAL 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 / 95
	<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

A. Full Name (Last, First, Middle Initial) Betty A Fisher Mailing Address 4725 Heatherbrook City Troy State MI Zip Code 48098-4666 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824753313875 Amount of Each Receipt this Period 203.00
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Dir Office of Pres & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 203.00		P/R Deduction (\$29.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Karen A Maher Mailing Address 46439 Pinehurst Cir City Northville State MI Zip Code 48167-9648 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824753813875 Amount of Each Receipt this Period 315.00
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 ▼ 315.00		P/R Deduction (\$45.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Mary A Smith Mailing Address 10058 King Rd City Davisburg State MI Zip Code 48350-1900 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824755613875 Amount of Each Receipt this Period 251.00
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 ▼ 251.00		P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	769.00
TOTAL 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 12 / 95
	<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) A. Helen Stojic		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824776113875	
Mailing Address 28 Elm Park Blvd		Amount of Each Receipt this Period 203.00	
City Pleasant Ridge	State MI	Zip Code 48069-1105	P/R Deduction (\$29.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 203.00	
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. James E Negro		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824782013875	
Mailing Address 5270 Inverrary Ln		Amount of Each Receipt this Period 217.00	
City Commerce Twp	State MI	Zip Code 48382-1048	P/R Deduction (\$31.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 217.00	
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) ▼			

Full Name (Last, First, Middle Initial) C. William A Elwell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824783813875	
Mailing Address 23276 Evan Ct N		Amount of Each Receipt this Period 203.00	
City New Boston	State MI	Zip Code 48164-9766	P/R Deduction (\$29.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 203.00	
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) ▼			

SUBTOTAL of Receipts This Page (optional)	623.00
TOTAL 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 / 95
	<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) A. Richard T Theisen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824785113875	
Mailing Address 23250 Cheltenham Ln		Amount of Each Receipt this Period 203.00	
City State Zip Code Dearborn Heights MI 48127-2365	FEC ID number of contributing federal political committee. C	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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Lisa M Varnier		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824786013875	
Mailing Address 4139 Wakefield		Amount of Each Receipt this Period 203.00	
City State Zip Code Berkley MI 48072-3463	FEC ID number of contributing federal political committee. C	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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Amy B Tattie		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824786413875	
Mailing Address 951 Hampton Rd		Amount of Each Receipt this Period 251.00	
City State Zip Code Grosse Pointe Wood MI 48236-1341	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 ▼ 251.00	P/R Deduction (\$45.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	657.00
TOTAL 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 / 95
	<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) A. Mark A Cook		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824787513875
Mailing Address 1121 Lone Oak Dr		Amount of Each Receipt this Period 251.00
City State Zip Code Mason MI 48854-8714	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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00	

Full Name (Last, First, Middle Initial) B. Laura D Walker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824788213875
Mailing Address 26192 Summerdale Dr Bldg 12 Unit 92		Amount of Each Receipt this Period 203.00
City State Zip Code Southfield MI 48034-6135	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 ▼ 203.00	

Full Name (Last, First, Middle Initial) C. John J Hays		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824790013875
Mailing Address 1645 Roseland Ave		Amount of Each Receipt this Period 203.00
City State Zip Code East Lansing MI 48823-4751	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 ▼ 203.00	

SUBTOTAL of Receipts This Page (optional) ▶	657.00
TOTAL 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 15 / 95
	<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) A. Mary A Mackenzie		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1534 Creal Crescent		Transaction ID: PR824791213875	
City State Zip Code Ann Arbor MI 48103-2420	Amount of Each Receipt this Period _____ 203.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 203.00		P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Richard R Weiser		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1939 Oneida Drive		Transaction ID: PR824791313875	
City State Zip Code Okemos MI 48864-2147	Amount of Each Receipt this Period _____ 203.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 203.00		P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Richard F Zapala		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1915 Creek Landing		Transaction ID: PR824791413875	
City State Zip Code Haslett MI 48840-8704	Amount of Each Receipt this Period _____ 203.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 203.00		P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 609.00
TOTAL 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 / 95
	<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) A. Clyde W Scott		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 20636 Maple Lane		Transaction ID: PR824791513875	
City State Zip Code Grosse Pointe Wood MI 48236-1524	Amount of Each Receipt this Period _____ 203.00		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. John R Ganos		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 316 Abbeywood Dr.		Transaction ID: PR824791613875	
City State Zip Code Rochester MI 48306-2602	Amount of Each Receipt this Period _____ 203.00		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Marsha L Tracy		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 12451 Oakland Hills		Transaction ID: PR824791713875	
City State Zip Code Dewitt MI 48820-8302	Amount of Each Receipt this Period _____ 203.00		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 609.00
TOTAL 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 / 95
	<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) A. Jeffrey P Rumley		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 951 Hampton Rd		Transaction ID: PR824792313875	
City State Zip Code Grosse Pointe Wood MI 48236-1341	Amount of Each Receipt this Period _____ 315.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Dpty Gen Cnsl Corp PRC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 315.00		P/R Deduction (\$45.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Colleen C Cohan		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17381 Ego		Transaction ID: PR824792413875	
City State Zip Code Eastpointe MI 48021-3101	Amount of Each Receipt this Period _____ 203.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 203.00		P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Teresa Mikan		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1231 White Oaks		Transaction ID: PR824792613875	
City State Zip Code Okemos MI 48864-3067	Amount of Each Receipt this Period _____ 203.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 203.00		P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 721.00
TOTAL 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 / 95
	<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) A. Joseph W Murray		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824793713875	
Mailing Address 22325 Yale St		Amount of Each Receipt this Period 203.00	
City State Zip Code Saint Clair Shores MI 48081-2039	FEC ID number of contributing federal political committee. C	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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Bart M Feinbaum		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824794013875	
Mailing Address 30351 Southampton		Amount of Each Receipt this Period 203.00	
City State Zip Code Farmington Hills MI 48331-1727	FEC ID number of contributing federal political committee. C	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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Robert A Phillips		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824794113875	
Mailing Address 5444 Green Way		Amount of Each Receipt this Period 203.00	
City State Zip Code Trenton MI 48183-7206	FEC ID number of contributing federal political committee. C	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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	609.00
TOTAL 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 / 95
	<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) 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. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824794813875 Amount of Each Receipt this Period 203.00 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 ▼ 203.00		

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. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824794913875 Amount of Each Receipt this Period 203.00 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 ▼ 203.00		

C. Full Name (Last, First, Middle Initial) Scott A Whipple Mailing Address 7427 Fenton City State Zip Code Dearborn Heights MI 48127-1751 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824795713875 Amount of Each Receipt this Period 203.00 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 ▼ 203.00		

SUBTOTAL of Receipts This Page (optional)	609.00
TOTAL 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 / 95
	<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) A. Gregory W Anderson		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 37161 Chesapeake		Transaction ID: PR824797413875
City State Zip Code Farmington Hills MI 48335-1142	Amount of Each Receipt this Period _____ 315.00	
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 Corp & Financial Invst	
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. William J Stackpoole		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 44420 Marc Trail		Transaction ID: PR824798613875
City State Zip Code Plymouth MI 48170-3949	Amount of Each Receipt this Period _____ 203.00	
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 Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 203.00	

Full Name (Last, First, Middle Initial) C. Laura A Gitre		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 348 Troon Lane		Transaction ID: PR824804313875
City State Zip Code Canton MI 48188-3098	Amount of Each Receipt this Period _____ 203.00	
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 Sr Portfolio Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 203.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 721.00
TOTAL 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 / 95
	<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) Kimberly A Winnik Mailing Address 18162 Cascade Dr City Northville State MI Zip Code 48168-3286 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824804713875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Frank J Slisinger Mailing Address 34518 Morningdale Dr City Sterling Heights State MI Zip Code 48312-5744 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824805113875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

C. 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. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824805413875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	609.00
TOTAL 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 / 95
	<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) A. Pierre A McDougall		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824810513875	
Mailing Address 19473 Tanglewood Circle		Amount of Each Receipt this Period 203.00	
City State Zip Code Clinton Township MI 48038-4961	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Sr Portfolio Manager	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 ▼ 203.00		

Full Name (Last, First, Middle Initial) B. Sondra J Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824811113875	
Mailing Address 2914 Bamlet Rd		Amount of Each Receipt this Period 203.00	
City State Zip Code Royal Oak MI 48073-2979	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 ▼ 203.00		

Full Name (Last, First, Middle Initial) C. Tonya L Hadnot		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824812613875	
Mailing Address 10331 Dartmouth		Amount of Each Receipt this Period 203.00	
City State Zip Code Oak Park MI 48237-1705	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Sr Portfolio Manager	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 ▼ 203.00		

SUBTOTAL of Receipts This Page (optional) ▶	609.00
TOTAL 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 / 95
	<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) A. Douglas E Darland		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824814413875
Mailing Address 529 Burtman		Amount of Each Receipt this Period 203.00
City Troy State MI Zip Code 48083-1042	FEC ID number of contributing federal political committee. C	
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Robert J Galac		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824815413875
Mailing Address 693 Bolinger		Amount of Each Receipt this Period 203.00
City Rochester Hills State MI Zip Code 48307-2820	FEC ID number of contributing federal political committee. C	
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Barbara G Derian		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824817213875
Mailing Address 2403 Sanders Place		Amount of Each Receipt this Period 203.00
City Bloomfield State MI Zip Code 48302-0460	FEC ID number of contributing federal political committee. C	
Name of Employer Blue Care Network of MI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dir Bus Configuration Aggregate Year-to-Date ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	609.00
TOTAL 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 24 / 95
	(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) A. Joan M Budden		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824827413875
Mailing Address 3820 Woodlake Dr		Amount of Each Receipt this Period 315.00
City Bloomfield Hills State MI Zip Code 48304-3074	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 Operational Effectiveness	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. Gerald W Noxon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824830013875
Mailing Address 22745 Huron River Dr		Amount of Each Receipt this Period 203.00
City New Boston State MI Zip Code 48164-9439	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 ▼ 203.00		

Full Name (Last, First, Middle Initial) C. Robyn A Rontal		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824833013875
Mailing Address 2397 Rockport Ct		Amount of Each Receipt this Period 203.00
City Ann Arbor State MI Zip Code 48103-8911	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 ▼ 203.00		

SUBTOTAL of Receipts This Page (optional) ▶	721.00
TOTAL 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 / 95
	<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) A. Joan T Vercammen		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6865 Northpointe Ct.		Transaction ID: PR824841613875
City Troy	State MI	Zip Code 48085-1209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
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 ▼ 203.00	

Full Name (Last, First, Middle Initial) B. James E Wroe		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 42517 Capitol		Transaction ID: PR824842913875
City Novi	State MI	Zip Code 48375-1708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
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 ▼ 203.00	

Full Name (Last, First, Middle Initial) C. Linda L Garrison		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5536 Victory Circle		Transaction ID: PR824846013875
City Sterling Hts	State MI	Zip Code 48310-7700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 273.00
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 ▼ 273.00	

SUBTOTAL of Receipts This Page (optional)	679.00
TOTAL 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 26 / 95						
	(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

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) A. Willie E Brooks Jr		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 936 Majestic		Transaction ID: PR824847313875	
City State Zip Code Rochester Hills MI 48306-3575	Amount of Each Receipt this Period _____ 203.00		
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 Director - Regional Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 203.00		

Full Name (Last, First, Middle Initial) B. Catherine D Schmitt		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2731 Thedford		Transaction ID: PR824848813875	
City State Zip Code Bloomfield Hills MI 48304-2057	Amount of Each Receipt this Period _____ 315.00		
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 Federal Programs		
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) C. Vickianne Harbowy		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 16092 Swathmore Ct North		Transaction ID: PR824850213875	
City State Zip Code Livonia MI 48154-1005	Amount of Each Receipt this Period _____ 203.00		
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 Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 203.00		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 721.00
TOTAL 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 / 95
	<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) A. Michael F Gurney		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 36648 Almond Circle		Transaction ID: PR824850413875	
City Farmington Hills	State MI	Amount of Each Receipt this Period _____ 203.00	
Zip Code 48335-3812			
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 ▼ _____ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Luzine Brister		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17145 Strathmoor		Transaction ID: PR824855913875	
City Detroit	State MI	Amount of Each Receipt this Period _____ 203.00	
Zip Code 48235-3919			
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 ▼ _____ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Brian D Armstrong		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1363 North Creek Dr		Transaction ID: PR824856013875	
City Wixom	State MI	Amount of Each Receipt this Period _____ 251.00	
Zip Code 48393-1638			
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 251.00	P/R Deduction (\$45.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 657.00
TOTAL 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 / 95
	<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) A. Rick V Morrone		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824857513875	
Mailing Address 3751 Parker		Amount of Each Receipt this Period 315.00	
City Dearborn	State MI	Zip Code 48124-3557	
FEC ID number of contributing federal political committee. C			
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 ▼ 315.00		
		P/R Deduction (\$45.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Camille K Forster		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824865413875	
Mailing Address 9035 Woodlore South Dr.		Amount of Each Receipt this Period 203.00	
City Plymouth	State MI	Zip Code 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 ▼ 203.00		
		P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Kenneth J Setera		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824877413875	
Mailing Address 4452 Boulder Dr		Amount of Each Receipt this Period 203.00	
City Sterling Heights	State MI	Zip Code 48310-3121	
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 ▼ 203.00		
		P/R Deduction (\$29.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	721.00
TOTAL 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 / 95
	<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) A. Janet P Macqueen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824899513875
Mailing Address 3214 Chesapeake Dr		Amount of Each Receipt this Period 315.00
City State Zip Code Sterling Heights MI 48314-1869	FEC ID number of contributing federal political committee. C	
Name of Employer Blue Care Network of MI	Occupation VP Chief Info Officer	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. John C Golding		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824919513875
Mailing Address 46880 High Meadows		Amount of Each Receipt this Period 203.00
City State Zip Code Macomb MI 48044-3352	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 ▼ 203.00	

Full Name (Last, First, Middle Initial) C. Joanne F Rusch		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824932713875
Mailing Address 4171 Fallow		Amount of Each Receipt this Period 315.00
City State Zip Code West Bloomfield MI 48323-1242	FEC ID number of contributing federal political committee. C	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Principal Architect	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	

SUBTOTAL of Receipts This Page (optional) ▶	833.00
TOTAL 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 30 / 95
	<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) A. Carolynn Walton		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824936213875	
Mailing Address 5835 Pinecroft Dr.		Amount of Each Receipt this Period 315.00	
City State Zip Code West Bloomfield MI 48322-1669	FEC ID number of contributing federal political committee. C		
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 ▼ 315.00		

Full Name (Last, First, Middle Initial) B. Audrey J Harvey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824951313875	
Mailing Address 25465 Waycross		Amount of Each Receipt this Period 251.00	
City State Zip Code Southfield MI 48034-2206	FEC ID number of contributing federal political committee. C		
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 ▼ 251.00		

Full Name (Last, First, Middle Initial) C. Valerie L Keesee		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824954113875	
Mailing Address 3400 E. Coon Lake Rd.		Amount of Each Receipt this Period 203.00	
City State Zip Code Howell MI 48843-9420	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 ▼ 203.00		

SUBTOTAL of Receipts This Page (optional) ▶	769.00
TOTAL 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 / 95
	<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) A. Dennis A Weiss		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 44500 Louvert Court		Transaction ID: PR824955713875	
City State Zip Code Novi MI 48375-3943	Amount of Each Receipt this Period _____ 203.00		
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 ▼ _____ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Ronald Wood		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 29225 Lake Park		Transaction ID: PR824959713875	
City State Zip Code Farmington Hills MI 48331-2661	Amount of Each Receipt this Period _____ 203.00		
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 ▼ _____ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. John J Dunn		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3153 Davenport		Transaction ID: PR824968513875	
City State Zip Code Rochester Hills MI 48309-4283	Amount of Each Receipt this Period _____ 219.00		
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 ▼ _____ 219.00	P/R Deduction (\$45.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 625.00
TOTAL 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 / 95
	<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) Brian T Morris Mailing Address 5033 Eric Court City Ann Arbor State MI Zip Code 48105-9263 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824969913875 Amount of Each Receipt this Period 315.00
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 ▼ 315.00		P/R Deduction (\$45.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) James P Meidlinger Mailing Address 603 W Madison St City Ann Arbor State MI Zip Code 48103-4927 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824970013875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00		P/R Deduction (\$29.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Cynthia E Dion Mailing Address 41584 Stonehenge Manor City Clinton Township State MI Zip Code 48038-4642 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824973313875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00		P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	721.00
TOTAL 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 / 95
	<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) Lisa R Susin Mailing Address 42746 Bloomingdale City Sterling Heights State MI Zip Code 48314-2843 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825011513875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Chris J Maier Mailing Address 6061 Middle Lake Rd City Clarkston State MI Zip Code 48346-2047 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825018913875 Amount of Each Receipt this Period 251.00
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 ▼ 251.00	P/R Deduction (\$45.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Renee M Rabideau Mailing Address 3658 Warwick Drive City Sterling Heights State MI Zip Code 48314-2801 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825025113875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	657.00
TOTAL 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 35 / 95
	<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

A. 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. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825028313875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

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. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825033513875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

C. 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. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825036813875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	609.00
TOTAL 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 / 95
	<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) A. Reba L Johnson Mailing Address 27610 Goldengate Dr. W City State Zip Code Lathrup Village MI 48076-3457 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825059713875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Walter E Adams Mailing Address 43840 Trillium Dr City State Zip Code Sterling Heights MI 48314-1952 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825071313875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Michael K Jennings II Mailing Address 23682 Paddock Dr City State Zip Code Farmington Hills MI 48336-2226 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825074913875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	609.00
TOTAL 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 / 95
	<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) A. Todd C Harrison		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825084213875	
Mailing Address 5875 Gilbert Lake Rd.		Amount of Each Receipt this Period 203.00	
City Bloomfield Hills	State MI	Zip Code 48301-1914	P/R Deduction (\$29.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 203.00	
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		

Full Name (Last, First, Middle Initial) B. Catherine M Sinning		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825084313875	
Mailing Address 25232 Surrey Lane		Amount of Each Receipt this Period 203.00	
City Farmington Hills	State MI	Zip Code 48335-2041	P/R Deduction (\$29.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 203.00	
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		

Full Name (Last, First, Middle Initial) C. Roy E Nesler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825089013875	
Mailing Address PO Box 871159		Amount of Each Receipt this Period 203.00	
City Canton	State MI	Zip Code 48187-6159	P/R Deduction (\$29.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 203.00	
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		

SUBTOTAL of Receipts This Page (optional) ▶	609.00
TOTAL 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 / 95
	<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) A. Alaadin M Abou-El-Seoud		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 27410 Bridle Hills Dr		Transaction ID: PR825096613875
City Farmington Hills	State MI	Zip Code 48336-3006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
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 ▼ 203.00	

Full Name (Last, First, Middle Initial) B. Cathy Mozham		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 20741 Country Oaks		Transaction ID: PR825098213875
City Riverview	State MI	Zip Code 48192-7958
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
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 ▼ 203.00	

Full Name (Last, First, Middle Initial) C. Phillip J Gillespie		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1731 Cranston Ct		Transaction ID: PR825104713875
City East Lansing	State MI	Zip Code 48823-2248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
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 ▼ 203.00	

SUBTOTAL of Receipts This Page (optional)	609.00
TOTAL 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 / 95
	<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) Donald J Whitford		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825107013875	
Mailing Address 20245 Sussex		Amount of Each Receipt this Period 203.00	
City Macomb	State MI	Zip Code 48044-6514	
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 ▼ 203.00		
		P/R Deduction (\$29.00 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) David R Watroba		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825110813875	
Mailing Address P.O. Box 601		Amount of Each Receipt this Period 203.00	
City Northville	State MI	Zip Code 48167-0601	
FEC ID number of contributing federal political committee. C			
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 ▼ 203.00		
		P/R Deduction (\$29.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) Beverly M Lamb-Stovall		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825114413875	
Mailing Address 5711 Branford Dr		Amount of Each Receipt this Period 203.00	
City W Bloomfield	State MI	Zip Code 48322-1123	
FEC ID number of contributing federal political committee. C			
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 ▼ 203.00		
		P/R Deduction (\$29.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	609.00
TOTAL 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 / 95		
	<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) A. John M Gray		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825115113875	
Mailing Address 10397 Cornerstone Drive		Amount of Each Receipt this Period 203.00	
City Washington State MI Zip Code 48095-2923	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Director - Regional Sales	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. Gordon M O'Neill		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825121613875	
Mailing Address 25518 Hunt Club Drive		Amount of Each Receipt this Period 203.00	
City Farmington Hills State MI Zip Code 48335-1148	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Director - Regional Sales	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) C. Rodney P Meyer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825122313875	
Mailing Address 2264 Creek Bend		Amount of Each Receipt this Period 203.00	
City Rochester Hills State MI Zip Code 48309-4730	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Director - Senior Marketing	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)		

SUBTOTAL of Receipts This Page (optional) ▶	609.00
TOTAL 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 / 95
	<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) A. Margaret T Anthony		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825130213875	
Mailing Address 4451 Golfview Dr		Amount of Each Receipt this Period 203.00	
City Brighton	State MI	Zip Code 48116-9186	
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 ▼ 203.00		

Full Name (Last, First, Middle Initial) B. Susan J Rubin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825140213875	
Mailing Address 41460 Belden Circle		Amount of Each Receipt this Period 203.00	
City Novi	State MI	Zip Code 48377-1546	
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 ▼ 203.00		

Full Name (Last, First, Middle Initial) C. Paula G Brawdy		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825151513875	
Mailing Address 1403 Iroquois Trail		Amount of Each Receipt this Period 203.00	
City Hastings	State MI	Zip Code 49058-9757	
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 - Regional Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00		

SUBTOTAL of Receipts This Page (optional)	609.00
TOTAL 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 / 95
	<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) A. Jo A Sting		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1041 Brownell St Se		Transaction ID: PR825155613875	
City Kentwood	State MI	Zip Code 49508-7493	Amount of Each Receipt this Period _____ 203.00
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 ▼ _____ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Linda L Frost		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 32675 Myrna		Transaction ID: PR825157013875	
City Livonia	State MI	Zip Code 48154-2911	Amount of Each Receipt this Period _____ 203.00
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 ▼ _____ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Susan L Barkell		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5373 S. State Rd		Transaction ID: PR825163213875	
City Goodrich	State MI	Zip Code 48438-8846	Amount of Each Receipt this Period _____ 315.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Provider Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 315.00	P/R Deduction (\$45.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 721.00
TOTAL 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 / 95
	<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) A. Andres Perez		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825168313875
Mailing Address 3952 Warren Ct.		Amount of Each Receipt this Period 203.00
City State Zip Code Ann Arbor MI 48105-9771	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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

Full Name (Last, First, Middle Initial) B. S G Kipa		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825168413875
Mailing Address 4774 Avondale Terrance		Amount of Each Receipt this Period 203.00
City State Zip Code Blmfld Hls MI 48304-3602	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 Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

Full Name (Last, First, Middle Initial) C. Calvin J Maestro		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825168513875
Mailing Address 22535 Shadowglen Dr		Amount of Each Receipt this Period 203.00
City State Zip Code Farmington Hills MI 48335-3652	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 Medical Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

SUBTOTAL of Receipts This Page (optional) ▶	609.00
TOTAL 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 / 95
	<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) A. George P Gopoian		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825172713875
Mailing Address 25437 Witherspoon		Amount of Each Receipt this Period 203.00
City Farmington Hills	State MI	Zip Code 48335-1368
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 Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

Full Name (Last, First, Middle Initial) B. Atheer A Kaddis		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825183013875
Mailing Address 36331 Fort Sumter Court		Amount of Each Receipt this Period 203.00
City Farmington Hills	State MI	Zip Code 48331-3100
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 ▼ 203.00	

Full Name (Last, First, Middle Initial) C. Glen A Perry		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825184213875
Mailing Address 2148 Michele Dr		Amount of Each Receipt this Period 203.00
City Troy	State MI	Zip Code 48085-3825
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 ▼ 203.00	

SUBTOTAL of Receipts This Page (optional) ▶	609.00
TOTAL 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 45 / 95
	<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

A. 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. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825186713875 Amount of Each Receipt this Period 203.00 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 ▼ 203.00		

B. Full Name (Last, First, Middle Initial) Deborah P O'Neal Mailing Address 14101 Victoria Park Dr N City State Zip Code Detroit MI 48215-4122 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825212313875 Amount of Each Receipt this Period 203.00 P/R Deduction (\$29.00 Bi-Weekly)
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 ▼ 203.00		

C. Full Name (Last, First, Middle Initial) Susan P Bayless Mailing Address 4722 Heather Ln City State Zip Code Bloomfield MI 48301-1410 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825213013875 Amount of Each Receipt this Period 203.00 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 ▼ 203.00		

SUBTOTAL of Receipts This Page (optional)	609.00
TOTAL 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 / 95
	<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)
Peter G Gulick Jr

Mailing Address 4464 Hickorywood Dr

City Okemos State MI Zip Code 48864-3076

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

Name of Employer Blue Cross and Blue Shield of Michigan Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR825260313875

Amount of Each Receipt this Period

203.00

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

B. Full Name (Last, First, Middle Initial)
Beth L Rubin

Mailing Address 4408 Westover Drive

City W Bloomfield State MI Zip Code 48323-2874

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

Name of Employer Blue Cross and Blue Shield of Michigan Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR825270413875

Amount of Each Receipt this Period

203.00

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

C. Full Name (Last, First, Middle Initial)
Kevin L Seitz

Mailing Address 4342 Thoreson

City Maple City State MI Zip Code 49664-8766

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

Name of Employer Blue Cross and Blue Shield of Michigan Occupation SVP BCBSM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR825273013875

Amount of Each Receipt this Period

420.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	826.00
TOTAL 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 47 / 95
	<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) A. David W Kee		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 5611 Huron Hills Dr		Transaction ID: PR825273313875	
City Commerce Twp	State MI	Zip Code 48382-4822	Amount of Each Receipt this Period 315.00
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP DmIrChry&Ntl Retiree Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		
		P/R Deduction (\$45.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Leslie A Viegas		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 3100 Pine Lake Rd		Transaction ID: PR825273413875	
City Orchard Lake	State MI	Zip Code 48324-1949	Amount of Each Receipt this Period 420.00
FEC ID number of contributing federal political committee. C			
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 ▼ 420.00		
		P/R Deduction (\$60.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Lisa S DeMoss		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 5025 Stonehenge Dr		Transaction ID: PR825273613875	
City Rochester	State MI	Zip Code 48306-2654	Amount of Each Receipt this Period 420.00
FEC ID number of contributing federal political committee. C			
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 ▼ 420.00		
		P/R Deduction (\$60.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	1155.00
TOTAL 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 / 95
	<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) Kim E Sorget Mailing Address 620 Hollywood Ave City State Zip Code Grosse Pointe Wood MI 48236-1319 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825273813875 Amount of Each Receipt this Period 315.00
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 VP Prov Cntrng & Phrm Svcs Aggregate Year-to-Date ▼ 315.00	P/R Deduction (\$45.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Diana C Jones Mailing Address 16903 Normandy City State Zip Code Detroit MI 48221-3317 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825273913875 Amount of Each Receipt this Period 315.00
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 VP Community Affairs Aggregate Year-to-Date ▼ 315.00	P/R Deduction (\$45.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Paul L Marzec Mailing Address 1058 Bloomview Circle City State Zip Code Rochester MI 48307-1728 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825274013875 Amount of Each Receipt this Period 315.00
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 VP Michigan Business Ops Aggregate Year-to-Date ▼ 315.00	P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	945.00
TOTAL 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 / 95
	<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

A. Full Name (Last, First, Middle Initial) Kathryn L Elston Mailing Address 2930 Dixie Hwy City Waterford State MI Zip Code 48328-1715 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825274113875 Amount of Each Receipt this Period 350.00
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: VP Mich Marketing & Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Jeanne H Carlson Mailing Address 30847 Palmer Drive City Novi State MI Zip Code 48377-4520 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825274213875 Amount of Each Receipt this Period 420.00
Name of Employer: Blue Care Network of MI Occupation: SVP & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		P/R Deduction (\$60.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) John P Austin Mailing Address 2862 Foxfire City Milford State MI Zip Code 48380-4474 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825274513875 Amount of Each Receipt this Period 420.00
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: SVP MI Sales & Svc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	1190.00
TOTAL 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 / 95
	<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) A. Mark R Bartlett		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 48662 Central Park Dr		Transaction ID: PR825274613875	
City State Zip Code Canton MI 48188-1493	Amount of Each Receipt this Period _____ 420.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 420.00		P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Steven C Hess		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5290 Park Lake Rd		Transaction ID: PR825274713875	
City State Zip Code East Lansing MI 48823-3800	Amount of Each Receipt this Period _____ 420.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 420.00		P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Robert W Kasperek		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 34796 Bretton		Transaction ID: PR825274813875	
City State Zip Code Livonia MI 48152-4047	Amount of Each Receipt this Period _____ 315.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 315.00		P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1155.00
TOTAL 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 51 / 95
	<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) A. Dale A Robertson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825275113875	
Mailing Address 3370 Brookpoint Dr, SE		Amount of Each Receipt this Period 315.00	
City Grand Rapids	State MI	Zip Code 49546-7284	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 West Michigan		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. Richard E Whitmer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825275313875	
Mailing Address 1438 Meadowbrook Lane		Amount of Each Receipt this Period 700.00	
City East Lansing	State MI	Zip Code 48823-2146	P/R Deduction (\$100.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer Blue Cross and Blue Shield of Michigan	
Occupation President & CEO		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 700.00			

Full Name (Last, First, Middle Initial) C. Michelle L Gaggini		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825275513875	
Mailing Address 18515 Country Club Ct.		Amount of Each Receipt this Period 315.00	
City Riverview	State MI	Zip Code 48192-8161	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 Michigan Service Ops		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 315.00			

SUBTOTAL of Receipts This Page (optional) ▶	1330.00
TOTAL 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 / 95
	<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) A. William P Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825275613875	
Mailing Address 1754 Rapids Way		Amount of Each Receipt this Period 420.00	
City Rochester Hills	State MI	Zip Code 48309-3217	P/R Deduction (\$60.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 420.00	
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) ▼			

Full Name (Last, First, Middle Initial) B. Janice L Cantelon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825275813875	
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		Aggregate Year-to-Date ▼ 270.00	
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) ▼			

Full Name (Last, First, Middle Initial) C. George F Francis III		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825275913875	
Mailing Address 19333 Greenwald		Amount of Each Receipt this Period 420.00	
City Southfield	State MI	Zip Code 48075-5831	P/R Deduction (\$60.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 420.00	
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) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1110.00
TOTAL 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 / 95
	<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) A. Ira Strumwasser		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825276013875	
Mailing Address 5076 Scio Church Rd		Amount of Each Receipt this Period 315.00	
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 ▼ 315.00		

Full Name (Last, First, Middle Initial) B. Patricia A Amaranth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825276213875	
Mailing Address 1387 Paintcrest		Amount of Each Receipt this Period 315.00	
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 ▼ 315.00		

Full Name (Last, First, Middle Initial) C. John G Fitzpatrick		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825276313875	
Mailing Address 44491 Wright Way		Amount of Each Receipt this Period 315.00	
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 ▼ 315.00		

SUBTOTAL of Receipts This Page (optional) ▶	945.00
TOTAL 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 54 / 95
	<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) A. Allan G O'Dacre		Date of Receipt
Mailing Address 3420 Andora Dr		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Superior Twp	MI	48198-9659
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Systems Development Services	Transaction ID: PR825276413875
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"/> 315.00	<input type="text"/> 315.00
		P/R Deduction (\$45.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Thomas L Simmer		Date of Receipt
Mailing Address 4975 S Ridgeside Circle		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Ann Arbor	MI	48105-9447
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation SVP CMO Hlth Care Prg & Prv	Transaction ID: PR825276513875
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"/> 420.00	<input type="text"/> 420.00
		P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Daniel J Loebb		Date of Receipt
Mailing Address 6069 Skyline Dr		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
East Lansing	MI	48823-1603
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation EVP and CEO Designate	Transaction ID: PR825276613875
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"/> 420.00	<input type="text"/> 420.00
		P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1155.00
TOTAL 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 55 / 95
	<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) A. Anne M Regling		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4929 Deepwood Dr		Transaction ID: PR825276713875	
City State Zip Code Troy MI 48098-4199	Amount of Each Receipt this Period _____ 315.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP & Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 315.00	P/R Deduction (\$45.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Greg T Vartanoff		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 22359 Woodstock Ct		Transaction ID: PR825276813875	
City State Zip Code Woodhaven MI 48183-3116	Amount of Each Receipt this Period _____ 203.00		
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 ▼ _____ 203.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Laura S Marble		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1880 Golf Ridge Dr S		Transaction ID: PR825276913875	
City State Zip Code Bloomfield Townshi MI 48302-1737	Amount of Each Receipt this Period _____ 420.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Auto/Natl Sys/Sup		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00	P/R Deduction (\$60.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 938.00
TOTAL 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 / 95
	<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) A. William C Granger		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825418813875	
Mailing Address 7201 Cuesta Way Drive		Amount of Each Receipt this Period 203.00	
City Rockford	State MI	Zip Code 49341-9495	P/R Deduction (\$29.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 203.00	
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 203.00		

Full Name (Last, First, Middle Initial) B. Janet A Jennings		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825421113875	
Mailing Address 8120 E. Jefferson #7d		Amount of Each Receipt this Period 203.00	
City Detroit	State MI	Zip Code 48214-3973	P/R Deduction (\$29.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 203.00	
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 203.00		

Full Name (Last, First, Middle Initial) C. Sharon L Heath		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825432113875	
Mailing Address 28345 Carlton Way Dr		Amount of Each Receipt this Period 203.00	
City Novi	State MI	Zip Code 48377-2635	P/R Deduction (\$29.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 203.00	
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 203.00		

SUBTOTAL of Receipts This Page (optional) ▶	609.00
TOTAL 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 / 95
	<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) Robert T Hopper Mailing Address 40671 La Grange Drive City Sterling Heights State MI Zip Code 48313-4340 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825435513875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Patricia A Stone Mailing Address 3377 Dewdrop Lane City Howell State MI Zip Code 48843-7380 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825439113875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

C. 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. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825443613875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00	P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	609.00
TOTAL 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 / 95
	<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) Philip D Briskin Mailing Address 523 Wilcox St City Rochester State MI Zip Code 48307-1443 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825449813875 Amount of Each Receipt this Period 203.00
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 ▼ 203.00		P/R Deduction (\$29.00 Bi-Weekly)

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. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825464113875 Amount of Each Receipt this Period 315.00
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 ▼ 315.00		P/R Deduction (\$45.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Gail Ross Mailing Address 322 East Harrison #26 City Royal Oak State MI Zip Code 48067-3284 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825464313875 Amount of Each Receipt this Period 315.00
Name of Employer: Blue Care Network of MI Occupation: VP Cust Services & Rgnl Exec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	833.00
TOTAL 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 / 95
	<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) Elana S Kozik Mailing Address 13109 Vernon City State Zip Code Huntington Woods MI 48070-1451 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825464413875 Amount of Each Receipt this Period 315.00 P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer: Blue Care Network of MI Occupation: VP Prod/Proc Improvement Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		

B. Full Name (Last, First, Middle Initial) Susan A Kluge Mailing Address 482 Cambridge Way City State Zip Code Bloomfield Hills MI 48304-3814 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825464613875 Amount of Each Receipt this Period 420.00 P/R Deduction (\$60.00 Bi-Weekly)
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 ▼ 420.00		

C. Full Name (Last, First, Middle Initial) Kevin J Klobucar Mailing Address 7299 Talonna Trail City State Zip Code Fowlerville MI 48836-8263 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825464713875 Amount of Each Receipt this Period 315.00 P/R Deduction (\$45.00 Bi-Weekly)
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 ▼ 315.00		

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL 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 / 95
	<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) A. Alison D Pollard		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 170 Orchard St		Transaction ID: PR825464813875
City Chelsea	State MI	Zip Code 48118-1052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Blue Care Network of MI	Occupation VP Provider Affiliation	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 ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Carl E Siebers		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 232 Quail Ridge		Transaction ID: PR825464913875
City Ada	State MI	Zip Code 49301-8778
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
Name of Employer Blue Care Network of MI	Occupation VP Claims 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 ▼ 315.00	

Full Name (Last, First, Middle Initial) C. Patricia L Turner		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 11751 Landers Dr		Transaction ID: PR825465213875
City Plymouth	State MI	Zip Code 48170-3549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
Name of Employer Blue Care Network of MI	Occupation VP Finance 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 ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	855.00
TOTAL 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 / 95
	<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)
Marc D Keshishian

Mailing Address 30498 Fox Club Dr

City Farmington Hills State MI Zip Code 48331-1956

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

Name of Employer Blue Care Network of MI Occupation VP & Med Director Clinical Aff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

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

Transaction ID: PR825465513875

Amount of Each Receipt this Period
315.00

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

B. Full Name (Last, First, Middle Initial)
Ronald A Schoen

Mailing Address 4732 Jade Stone Dr

City Williamston State MI Zip Code 48895-9319

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

Name of Employer Accident Fund Occupation Executive Vp & Chief Fin Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

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

Transaction ID: PR912206113875

Amount of Each Receipt this Period
315.00

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

C. Full Name (Last, First, Middle Initial)
Jennifer Nash

Mailing Address 5815 Bent Tree

City East Lansing State MI Zip Code 48823-7789

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

Name of Employer Accident Fund Occupation Vp Information Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

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

Transaction ID: PR912206213875

Amount of Each Receipt this Period
315.00

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

SUBTOTAL of Receipts This Page (optional)	945.00
TOTAL 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 62 / 95
	(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) A. Lisa A Domagalski		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7120 E Round Lake Rd		Transaction ID: PR912206513875	
City State Zip Code Laingsburg MI 48848-9402	Amount of Each Receipt this Period _____ 203.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Accident Fund Company VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 203.00		
P/R Deduction (\$29.00 Bi-Weekly)			

Full Name (Last, First, Middle Initial) B. James P Dillon		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 225 Chanticleer Trl		Transaction ID: PR912978113875	
City State Zip Code Lansing MI 48917-3008	Amount of Each Receipt this Period _____ 315.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Accident Fund Team Leader Southeast		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 315.00		
P/R Deduction (\$45.00 Bi-Weekly)			

Full Name (Last, First, Middle Initial) C. Anthony P Phillips		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8697 North Hills Ct.		Transaction ID: PR928392813875	
City State Zip Code Howell MI 48843-6126	Amount of Each Receipt this Period _____ 210.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Accident Fund Vp Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
P/R Deduction (\$30.00 Bi-Weekly)			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 728.00
TOTAL 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 64 / 95	
	(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 ▼
203.00

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

Transaction ID: PR931671913875

Amount of Each Receipt this Period
203.00

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

SUBTOTAL of Receipts This Page (optional)	▶	203.00
TOTAL This Period (last page this line number only)	▶	44190.00

**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 65 / 95

<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) A. Friends Of John Conyers		Transaction ID: 23790961 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 12138 Central Ave Ste 194		Amount of Each Disbursement this Period 1000.00
City Mitchellville State MD Zip Code 20721	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Conyers, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Schwarz For Congress		Transaction ID: 23809274 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 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) C. Mike R Fund		Transaction ID: 23809275 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address P.O. box 65796		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20035	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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)

PAGE 66 / 95

<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) A. National Republican Congressional Committee		Transaction ID: 23809340 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 320 First St. SE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	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. Knollenberg		Transaction ID: 23809414 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 27867 Orchard Lake Road 27867 Orchard Lake Road		Amount of Each Disbursement this Period 1000.00
City Farmington Hills State MI Zip Code 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) ▼	

Full Name (Last, First, Middle Initial) C. Kilpatrick For United States Congress		Transaction ID: 23809271 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 32175		Amount of Each Disbursement this Period 2500.00
City Detroit State MI Zip Code 48232	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Carolyn Kilpatrick		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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 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) A. America's Leadership PAC		Transaction ID: 23809272 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005		
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. Mccotter Congressional Committee		Transaction ID: 23809421 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address P. O. Box 530788		Amount of Each Disbursement this Period 500.00
City Livonia State MI Zip Code 48153		
Purpose of Disbursement Candidate Name Rep. Thaddeus McCotter	011 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Mccotter Congressional Committee		Transaction ID: 23809422 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address P. O. Box 530788		Amount of Each Disbursement this Period 2000.00
City Livonia State MI Zip Code 48153		
Purpose of Disbursement Candidate Name Rep. Thaddeus McCotter	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2003 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL 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 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)

A. Democratic Congressional Campaign Committee

Mailing Address 499 S. Capitol St. SW
Suite 100 104

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 23809428

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

20500.00

**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) A. Patty Birkholz for State Senate		Transaction ID: 23812487 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address P.O. Box 316		Amount of Each Disbursement this Period 300.00	
City Allegan State MI Zip Code 49010	Purpose of Disbursement Patty Birkholz, STATE SENATE MI	011 Category/Type	
Candidate Name Patty Birkholz	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Patty Birkholz, STATE SENATE MI			

Full Name (Last, First, Middle Initial) B. Kooiman Leadership Fund		Transaction ID: 23809486 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 1708 Adams S.E.		Amount of Each Disbursement this Period 400.00	
City Grand Rapids State MI Zip Code 49506	Purpose of Disbursement	011 Category/Type	
Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) C. Citizens Supporting Mike Nofs		Transaction ID: 23809485 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address P.O. Box 219		Amount of Each Disbursement this Period 500.00	
City Battle Creek State MI Zip Code 49016	Purpose of Disbursement Mike Nofs, STATE HOUSE 67th MI	011 Category/Type	
Candidate Name Mike Nofs	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 67	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Mike Nofs, STATE HOUSE 67th MI			

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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) A. John Proos for State Representative		Transaction ID: 23809487 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 2695 Hillview Ln.		Amount of Each Disbursement this Period 500.00
City St. Joseph State MI Zip Code 49085	011 Category/ Type	
Purpose of Disbursement John Proos, STATE HOUSE 79th MI		
Candidate Name John Proos		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 79	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	John Proos, STATE HOUSE 79th MI

Full Name (Last, First, Middle Initial) B. People for Michael Murphy		Transaction ID: 23809446 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 12276		Amount of Each Disbursement this Period 500.00
City Lansing State MI Zip Code 48901	011 Category/ Type	
Purpose of Disbursement Michael Murphy, STATE HOUSE 69th MI		
Candidate Name Representative Michael Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 69	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Michael Murphy, STATE HOU- SE 69th MI

Full Name (Last, First, Middle Initial) C. Citizens for Dianne Byrum		Transaction ID: 23809457 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 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	011 Category/ Type	
Purpose of Disbursement Dianne Byrum, STATE HOUSE 67th MI		
Candidate Name Dianne Byrum		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 67	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Dianne Byrum, STATE HOUSE 67th MI

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL 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)

<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) A. Alan Cropsey for State Senate		Transaction ID: 23812513 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address P.O. Box 445		Amount of Each Disbursement this Period 2000.00	
City DeWitt State MI Zip Code 48820	Purpose of Disbursement Alan Cropsey, STATE SENATE MI Candidate Name Alan Cropsey Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 33	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	011 Category/ Type Alan Cropsey, STATE SENATE MI

Full Name (Last, First, Middle Initial) B. Citizens to Elect Bruce Patterson - Senate		Transaction ID: 23812523 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 42479 Redfern		Amount of Each Disbursement this Period 500.00	
City Canton State MI Zip Code 48187	Purpose of Disbursement Bruce Patterson, STATE SENATE MI Candidate Name Bruce Patterson Office Sought: <input type="checkbox"/> House <input checked="" 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 Bruce Patterson, STATE SE-NATE MI

Full Name (Last, First, Middle Initial) C. Friends of Jeff Mayes		Transaction ID: 23809458 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 4297 Zander Dr.		Amount of Each Disbursement this Period 300.00	
City Bay City State MI Zip Code 48706	Purpose of Disbursement Jeff Mayes, STATE HOUSE 96th MI Candidate Name Jeff Mayes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 96	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	011 Category/ Type Jeff Mayes, STATE HOUSE 96th MI

SUBTOTAL of Disbursements This Page (optional) ▶	2800.00
TOTAL 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

A. Committee to Elect Rick Baxter Full Name (Last, First, Middle Initial) Rick Baxter, STATE HOUSE 64th MI Mailing Address P.O. Box 25 City Hanover State MI Zip Code 49241 Purpose of Disbursement Rick Baxter, STATE HOUSE 64th MI Candidate Name Rick Baxter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 64 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 23809489 Date of Disbursement 02 / 08 / 2006 Amount of Each Disbursement this Period 300.00 Rick Baxter, STATE HOUSE 64th MI
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B. Gilbert for State Senate Full Name (Last, First, Middle Initial) Jud Gilbert, STATE HOUSE 82nd MI Mailing Address 9882 N. River Rd. City Algonac State MI Zip Code 48001 Purpose of Disbursement Jud Gilbert, STATE HOUSE 82nd MI Candidate Name Representative Jud Gilbert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 82 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 23812541 Date of Disbursement 02 / 09 / 2006 Amount of Each Disbursement this Period 400.00 Jud Gilbert, STATE HOUSE 82nd MI
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C. Committee to Elect Carl Williams Full Name (Last, First, Middle Initial) Carl Williams, STATE HOUSE 95th MI Mailing Address 3424 Fulton St. City Saginaw State MI Zip Code 48601 Purpose of Disbursement Carl Williams, STATE HOUSE 95th MI Candidate Name Representative Carl Williams Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 95 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 23809461 Date of Disbursement 02 / 09 / 2006 Amount of Each Disbursement this Period 500.00 Carl Williams, STATE HOUSE 95th MI
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SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
TOTAL 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)

<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

A. Friends of Burton Leland Full Name (Last, First, Middle Initial) Friends of Burton Leland Mailing Address 17254 Bentler City Detroit State MI Zip Code 48219 Purpose of Disbursement Burton Leland, STATE SENATE MI Candidate Name Senator Burton Leland Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 5 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 23812169 Date of Disbursement 02 / 14 / 2006 Amount of Each Disbursement this Period 2000.00 Burton Leland, STATE SENATE MI
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B. Friends of Bob Emerson Full Name (Last, First, Middle Initial) Friends of Bob Emerson Mailing Address P.O. Box 898 City Flint State MI Zip Code 48501 Purpose of Disbursement Bob Emerson, STATE SENATE MI Candidate Name Bob Emerson 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) ▼		Transaction ID: 23812082 Date of Disbursement 02 / 14 / 2006 Amount of Each Disbursement this Period 1000.00 Bob Emerson, STATE SENATE MI
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C. Committee to Elect Dave Hildenbrand Full Name (Last, First, Middle Initial) Committee to Elect Dave Hildenbrand Mailing Address 2700 Timpson Ave. SE 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) ▼		Transaction ID: 23809490 Date of Disbursement 02 / 14 / 2006 Amount of Each Disbursement this Period 500.00 Dave Hildenbrand, STATE HOUSE 86th MI
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SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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)

<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) A. Friends of Roger Kahn		Transaction ID: 23812550 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 1627		Amount of Each Disbursement this Period 1000.00
City Saginaw State MI Zip Code 49605	Roger Kahn, STATE HOUSE 94th MI	
Purpose of Disbursement Roger Kahn, STATE HOUSE 94th MI		011 Category/Type
Candidate Name Roger Kahn	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 94	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Citizens to Elect Edward J. Gaffney		Transaction ID: 23809491 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 283 Kenwood Ct.		Amount of Each Disbursement this Period 500.00
City Grosse Pt. Farms State MI Zip Code 48236	Edward Gaffney, STATE HOUSE 1st MI	
Purpose of Disbursement Edward Gaffney, STATE HOUSE 1st MI		011 Category/Type
Candidate Name Edward J. Gaffney	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) ▼

Full Name (Last, First, Middle Initial) C. Committee to Elect Cameron Brown State Senator		Transaction ID: 23812570 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 29057 e. Lafayette		Amount of Each Disbursement this Period 300.00
City Sturgis State MI Zip Code 49091	Cameron Brown, STATE SENATE MI	
Purpose of Disbursement Cameron Brown, STATE SENATE MI		011 Category/Type
Candidate Name Cameron Brown	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 20	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1800.00
TOTAL 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

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(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) A. Barb Vander Veen for State Rep.		Transaction ID: 23809492 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 6185 Alger		Amount of Each Disbursement this Period 300.00	
City Allendale State MI Zip Code 49401	Purpose of Disbursement Barb Vander Veen, STATE HOUSE 89th MI	011 Category/ Type	
Candidate Name Representative Barb Vander Veen	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 89	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. No VI Leadership Fund		Transaction ID: 23809493 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address P.O. Box 14173		Amount of Each Disbursement this Period 1000.00	
City Lansing State MI Zip Code 48901	Purpose of Disbursement	011 Category/ Type	
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) ▼	

Barb Vander Veen, STATE HOUSE 89th MI

Full Name (Last, First, Middle Initial) C. Sanborn for Senate		Transaction ID: 23812573 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address 48945 VanDyke Suite 10A		Amount of Each Disbursement this Period 1000.00	
City Shelby Twp. State MI Zip Code 48917	Purpose of Disbursement Alan Sanborn, STATE SENATE MI	011 Category/ Type	
Candidate Name MI Sen. Alan Sanborn	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006	

Alan Sanborn, STATE SENATE MI

SUBTOTAL of Disbursements This Page (optional) ▶	2300.00
TOTAL 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

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(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) A. Friends of Jewell Ware		Transaction ID: 23809445 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 13-124 Harper Stateion		Amount of Each Disbursement this Period 2000.00
City Detroit State MI Zip Code 48213	011 Category/ Type Jewel Ware, Local MI	
Purpose of Disbursement Jewel Ware, Local MI		
Candidate Name Jewel Ware		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Andy Meisner		Transaction ID: 23809462 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 14100 Balfour		Amount of Each Disbursement this Period 300.00
City Oak Park State MI Zip Code 48237	011 Category/ Type Andy Meisner, STATE HOUSE 27th MI	
Purpose of Disbursement Andy Meisner, STATE HOUSE 27th MI		
Candidate Name Andy Meisner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 27	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lorence Wenke for a Better Michigan		Transaction ID: 23809495 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 2525 N. 30th St.		Amount of Each Disbursement this Period 500.00
City Kalamazoo State MI Zip Code 49048	011 Category/ Type Lorence Wenke, STATE HOUSE 63rd MI	
Purpose of Disbursement Lorence Wenke, STATE HOUSE 63rd MI		
Candidate Name Lorence Wenke		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 63	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2800.00
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) A. Kevin Green for State House		Transaction ID: 23809494 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 4754 Karel Jean Ct. SW		Amount of Each Disbursement this Period 500.00
City Wyoming State MI Zip Code 49509	Kevin Green, STATE HOUSE 77th MI	
Purpose of Disbursement Kevin Green, STATE HOUSE 77th MI		011 Category/ Type
Candidate Name Kevin Green		
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: 77	2006	

Full Name (Last, First, Middle Initial) B. Rich Brown for State Representative		Transaction ID: 23809463 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 606 E. Longyear St.		Amount of Each Disbursement this Period 500.00
City Bessemer State MI Zip Code 49911	Rich Brown, STATE HOUSE 110th MI	
Purpose of Disbursement Rich Brown, STATE HOUSE 110th MI		011 Category/ Type
Candidate Name Rich Brown		
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: 11	2006	

Full Name (Last, First, Middle Initial) C. McManus for Senate		Transaction ID: 23812575 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 7883 E. Alpers		Amount of Each Disbursement this Period 250.00
City Lake Lelanau State MI Zip Code 49653	Michelle McManus, STATE SENATE MI	
Purpose of Disbursement Michelle McManus, STATE SENATE MI		011 Category/ Type
Candidate Name Michelle McManus		
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: 35	2006	

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
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)

<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) A. Bill Huizenga for State Representative		Transaction ID: 23809497 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address P.O. box 254		Amount of Each Disbursement this Period 500.00
City Zeeland State MI Zip Code 49464	Bill Huizenga, STATE HOUSE 90th MI	
Purpose of Disbursement Bill Huizenga, STATE HOUSE 90th MI		011 Category/Type
Candidate Name Bill Huizenga		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 90	

Full Name (Last, First, Middle Initial) B. Committee to elect Rick Shaffer for State Represen		Transaction ID: 23809499 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 19958 Crescent Beach		Amount of Each Disbursement this Period 500.00
City Three Rivers State MI Zip Code 49093	Rick Shaffer, STATE HOUSE 59th MI	
Purpose of Disbursement Rick Shaffer, STATE HOUSE 59th MI		011 Category/Type
Candidate Name Rick Shaffer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 59	

Full Name (Last, First, Middle Initial) C. Ken Sikkema for Senate		Transaction ID: 23812578 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 344		Amount of Each Disbursement this Period 1000.00
City Grandville State MI Zip Code 49468	Ken Sikkema, STATE SENATE MI	
Purpose of Disbursement Ken Sikkema, STATE SENATE MI		011 Category/Type
Candidate Name Senator Ken Sikkema		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 31	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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)

<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) A. Kuipers Impact Fund		Transaction ID: 23812577 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 364 W. 31st St.		Amount of Each Disbursement this Period 500.00
City Holland State MI Zip Code 49423	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. Bill Caul for State Representative		Transaction ID: 23809501 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 384		Amount of Each Disbursement this Period 300.00
City Mt. Pleasant State MI Zip Code 48804	011 Category/ Type	
Purpose of Disbursement Bill Caul, STATE HOUSE 99th MI Candidate Name Bill Caul		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 99 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Bill Caul, STATE HOUSE 99th MI

Full Name (Last, First, Middle Initial) C. Friends for David Farhat		Transaction ID: 23809503 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 3461 Whispering Woods Dr.		Amount of Each Disbursement this Period 1000.00
City Muskegon State MI Zip Code 49444	011 Category/ Type	
Purpose of Disbursement David Farhat, STATE HOUSE 91st MI Candidate Name Mr. David Farhat		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 91 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

David Farhat, STATE HOUSE 91st MI

SUBTOTAL of Disbursements This Page (optional) ▶	1800.00
TOTAL 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) A. Hansen Clarke for Senate		Transaction ID: 23812463 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 243 Congress Suite350		Amount of Each Disbursement this Period 500.00
City Detroit State MI Zip Code 48226	Hansen Clarke, STATE HOUSE 07th MI	
Purpose of Disbursement Hansen Clarke, STATE HOUSE 07th MI		011 Category/Type
Candidate Name Representative Hansen Clarke		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: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of John Moolenaar		Transaction ID: 23809504 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 2244		Amount of Each Disbursement this Period 500.00
City Midland State MI Zip Code 48641	John Moolenaar, STATE HOUSE 98th MI	
Purpose of Disbursement John Moolenaar, STATE HOUSE 98th MI		011 Category/Type
Candidate Name John Moolenaar		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: 98	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee to Elect Marie Donigan		Transaction ID: 23809464 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 6
Mailing Address 612 Dorchester		Amount of Each Disbursement this Period 250.00
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		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: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
TOTAL 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)

<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) A. Friends of Fred Miller		Transaction ID: 23809465 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 46274		Amount of Each Disbursement this Period 250.00
City Mt Clemens State MI Zip Code 48046	Purpose of Disbursement Fred Miller, STATE HOUSE 31st MI Candidate Name Fred Miller Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 31		
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. The GO Mike Bishop Committee		Transaction ID: 23812581 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 803 W. University		Amount of Each Disbursement this Period 500.00
City Rochester State MI Zip Code 48307	Purpose of Disbursement Mike Bishop, STATE SENATE MI Candidate Name Mike Bishop Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12		
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citizens for Mike Goschka		Transaction ID: 23812580 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 16393 Schroeder Rd.		Amount of Each Disbursement this Period 350.00
City Brant State MI Zip Code 48614	Purpose of Disbursement Mike Goschka, STATE SENATE MI Candidate Name Senator Mike Goschka Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 33		
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1100.00
TOTAL 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

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(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) A. Senate Republican Campaign Committee		Transaction ID: 23812582 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 208 Walnut		Amount of Each Disbursement this Period 20000.00
City Lansing State MI Zip Code 48933		
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. Committee to Elect Tory Rocca		Transaction ID: 23809505 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 37139 Camelot Dr. #271		Amount of Each Disbursement this Period 500.00 Tory Rocca, STATE HOUSE 30th MI
City Sterling Heights State MI Zip Code 48312		
Purpose of Disbursement Tory Rocca, STATE HOUSE 30th MI Candidate Name Tory Rocca	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 30	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Craig DeRoche for State Representative		Transaction ID: 23809507 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 1620 W. Lake Dr.		Amount of Each Disbursement this Period 500.00 Craig DeRoche, STATE HOUSE 38th MI
City Novi State MI Zip Code 48377		
Purpose of Disbursement Craig DeRoche, STATE HOUSE 38th MI Candidate Name Craig DeRoche	011 Category/ Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	21000.00
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)

<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) A. Adamini Campaign Committee		Transaction ID: 23809466 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 429		Amount of Each Disbursement this Period 1000.00
City Marquette State MI Zip Code 49855	011 Category/ Type	
Purpose of Disbursement Stephen Adamini, STATE HOUSE 109th MI		
Candidate Name Representative Stephen Adamini	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	Stephen Adamini, STATE HO- USE 109th MI

Full Name (Last, First, Middle Initial) B. Marty Knollenberg for State Representative		Transaction ID: 23809509 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 198 E. Big Beaver Rd.		Amount of Each Disbursement this Period 250.00
City Troy State MI Zip Code 48083	011 Category/ Type	
Purpose of Disbursement Martin Knollenberg, STATE HOUSE 41st MI		
Candidate Name Martin Knollenberg	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: 41	Martin Knollenberg, STATE HOUSE 41st MI

Full Name (Last, First, Middle Initial) C. Committee to Re-Elect John Stewart		Transaction ID: 23809695 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1142 S. Main St.		Amount of Each Disbursement this Period 1000.00
City Plymouth State MI Zip Code 48170	011 Category/ Type	
Purpose of Disbursement John Stewart, STATE HOUSE 20th MI		
Candidate Name Representative John Stewart	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: 20	John Stewart, STATE HOUSE 20th MI

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL 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

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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) A. Friends of Mike Prusi		Transaction ID: 23812467 Date of Disbursement 03 / 15 / 2006
Mailing Address 27 N. Basin Dr.		Amount of Each Disbursement this Period 1000.00 Michael Prusi, STATE SENATE MI
City Roseguanee State MI Zip Code 49866	Purpose of Disbursement Michael Prusi, STATE SENATE MI Candidate Name Michael Prusi 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: 38 2006	
Category/Type 011		
State: MI District: 38		

Full Name (Last, First, Middle Initial) B. Committee to Elect Michael Switalski State Senator		Transaction ID: 23812470 Date of Disbursement 03 / 15 / 2006
Mailing Address 31412 Gay		Amount of Each Disbursement this Period 1000.00 Michael Switalski, STATE SENATE MI
City Roseville State MI Zip Code 48066	Purpose of Disbursement Michael Switalski, STATE SENATE MI Candidate Name Michael Switalski 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: 10 2006	
Category/Type 011		
State: MI District: 10		

Full Name (Last, First, Middle Initial) C. bluePAC		Transaction ID: 23809429 Date of Disbursement 03 / 15 / 2006
Mailing Address 1310 G. Street, N.W.		Amount of Each Disbursement this Period 20000.00
City Washington State DC Zip Code 20005	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		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	22000.00
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

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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) A. Capitol National Bank		Transaction ID: 23812585 Date of Disbursement MM / DD / YYYY 03 / 15 / 2006
Mailing Address 200 Washington Sq.		Amount of Each Disbursement this Period 1175.00
City Lansing State MI Zip Code 48933		
Purpose of Disbursement Candidate Name	001 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. Senate Democratic Fund		Transaction ID: 23812477 Date of Disbursement MM / DD / YYYY 03 / 15 / 2006
Mailing Address P.O. box 111		Amount of Each Disbursement this Period 10000.00
City Lansing State MI Zip Code 48909		
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) C. Committee to Elect Marsha Cheeks		Transaction ID: 23809467 Date of Disbursement MM / DD / YYYY 03 / 15 / 2006
Mailing Address P.O. box 06572		Amount of Each Disbursement this Period 500.00 Marsha Cheeks, STATE HOUSE 6th MI
City Detroit State MI Zip Code 48206		
Purpose of Disbursement Marsha Cheeks, STATE HOUSE 6th MI Candidate Name Marsha Cheeks	011 Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11675.00
TOTAL 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) A. John J. Gleason for MI State House		Transaction ID: 23809468 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 13119 Bunker Ct.		Amount of Each Disbursement this Period 500.00
City Clio State MI Zip Code 48420	011 Category/ Type	
Purpose of Disbursement John Gleason, STATE HOUSE 48th MI		
Candidate Name John J. Gleason		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 48	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	John Gleason, STATE HOUSE 48th MI

Full Name (Last, First, Middle Initial) B. Phillip J. LaJoy for State Representative		Transaction ID: 23809512 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1256 Crowndale Ln.		Amount of Each Disbursement this Period 500.00
City Canton State MI Zip Code 48188	011 Category/ Type	
Purpose of Disbursement Phillip LaJoy, STATE HOUSE 21st MI		
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) ▼	Phillip LaJoy, STATE HOUSE 21st MI

Full Name (Last, First, Middle Initial) C. Friends of Liz Brater		Transaction ID: 23812466 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 7955		Amount of Each Disbursement this Period 1000.00
City Ann Arbor State MI Zip Code 48107	011 Category/ Type	
Purpose of Disbursement Liz Brater, STATE SENATE MI		
Candidate Name Liz Brater		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Liz Brater, STATE SENATE MI

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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)

<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) A. JDC Genesee Fund		Transaction ID: 23812070 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 12405 Jennings Rd.		Amount of Each Disbursement this Period 5000.00
City Linden State MI Zip Code 48451	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. Bill Hardiman for State Senate		Transaction ID: 23812583 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 1669		Amount of Each Disbursement this Period 500.00 Bill Hardiman, STATE SENATE MI
City Grand Rapids State MI Zip Code 49501	011 Category/ Type	
Purpose of Disbursement Bill Hardiman, STATE SENATE MI Candidate Name MI Sen. Bill Hardiman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MI District: 29 2006		

Full Name (Last, First, Middle Initial) C. Committee to Elect David Law		Transaction ID: 23809850 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 6766 Glenway Dr.		Amount of Each Disbursement this Period 500.00 David Law, STATE HOUSE 39th MI
City West Bloomfield State MI Zip Code 48322	011 Category/ Type	
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MI District: 39 2006		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL 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

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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) A. Team to Elect Richard Ball		Transaction ID: 23809580 Date of Disbursement MM / DD / YYYY 03 / 15 / 2006
Mailing Address 5370 Garrison Rd.		Amount of Each Disbursement this Period 1000.00
City Laingsburg State MI Zip Code 48848	Purpose of Disbursement Richard Ball, STATE HOUSE 85th MI Candidate Name MI Rep. Richard Ball Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 85	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Richard Ball, STATE HOUSE 85th MI

Full Name (Last, First, Middle Initial) B. Nancy Cassis for State Senate		Transaction ID: 23812584 Date of Disbursement MM / DD / YYYY 03 / 16 / 2006
Mailing Address 43700 Expo Center Dr.		Amount of Each Disbursement this Period 1000.00
City Novi State MI Zip Code 48375	Purpose of Disbursement Nancy Cassis, STATE SENATE MI Candidate Name Representative Nancy Cassis Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Nancy Cassis, STATE SENATE MI

Full Name (Last, First, Middle Initial) C. Dennis Olshove for State Senate		Transaction ID: 23812478 Date of Disbursement MM / DD / YYYY 03 / 21 / 2006
Mailing Address 29723 Roan		Amount of Each Disbursement this Period 1000.00
City Warren State MI Zip Code 49093	Purpose of Disbursement Dennis Olshove, STATE SENATE MI Candidate Name Dennis Olshove Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" 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) ▼	Dennis Olshove, STATE SEN- ATE MI

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL 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) A. Friends to Elect Bill McConico		Transaction ID: 23809470 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6	
Mailing Address 18134 Dequindre		Amount of Each Disbursement this Period 500.00	
City Detroit State MI Zip Code 48234	Bill McConico, STATE HOUSE 06th MI		
Purpose of Disbursement Bill McConico, STATE HOUSE 06th MI			011 Category/ Type
Candidate Name Representative Bill McConico			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: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Committee to Elect Virgil K. Smith		Transaction ID: 23809469 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6	
Mailing Address 19450 Glouchester		Amount of Each Disbursement this Period 500.00	
City Detroit State MI Zip Code 48203	Virgil Smith, STATE HOUSE 7th MI		
Purpose of Disbursement Virgil Smith, STATE HOUSE 7th MI			011 Category/ Type
Candidate Name Virgil K. Smith			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: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Committee to Elect Kathleen Law		Transaction ID: 23809471 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6	
Mailing Address 29866 Lowell		Amount of Each Disbursement this Period 500.00	
City Gibraltar State MI Zip Code 48173	Kathleen Law, STATE HOUSE 23rd MI		
Purpose of Disbursement Kathleen Law, STATE HOUSE 23rd MI			011 Category/ Type
Candidate Name MI Rep. Kathleen Law			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: 23	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL 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) A. Steve Tobocman 2002		Transaction ID: 23809472 Date of Disbursement MM / DD / YYYY 03 / 22 / 2006	
Mailing Address P.O. Box 9746		Amount of Each Disbursement this Period 500.00	
City Detroit State MI Zip Code 48209	Steve Tobocman, STATE HOUSE 12th MI		
Purpose of Disbursement Steve Tobocman, STATE HOUSE 12th MI			011 Category/Type
Candidate Name Steve Tobocman			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: 12	Disbursement For: 2006		

Full Name (Last, First, Middle Initial) B. Committee to elect Brenda Clack		Transaction ID: 23809474 Date of Disbursement MM / DD / YYYY 03 / 22 / 2006	
Mailing Address 3120 Helber St.		Amount of Each Disbursement this Period 500.00	
City Flint State MI Zip Code 48504	Brenda Clack, STATE HOUSE 34th MI		
Purpose of Disbursement Brenda Clack, STATE HOUSE 34th MI			011 Category/Type
Candidate Name Brenda Clack			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: 34	Disbursement For: 2006		

Full Name (Last, First, Middle Initial) C. Rick Jones for State Representative 2004		Transaction ID: 23810383 Date of Disbursement MM / DD / YYYY 03 / 22 / 2006	
Mailing Address P.O. Box 115		Amount of Each Disbursement this Period 500.00	
City Grand Ledge State MI Zip Code 48837	Rick Jones, STATE HOUSE 71st MI		
Purpose of Disbursement Rick Jones, STATE HOUSE 71st MI			011 Category/Type
Candidate Name Rick Jones			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: 71	Disbursement For: 2006		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL 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) A. Supporters of Gary McDowell		Transaction ID: 23809473 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 10820 Glen St.		Amount of Each Disbursement this Period 1000.00
City Ruyard State MI Zip Code 49780	Purpose of Disbursement Gary McDowell, STATE HOUSE 107th MI Candidate Name MI Rep. Gary McDowell 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: 10 2006	
		Gary McDowell, STATE HOUSE 107th MI

Full Name (Last, First, Middle Initial) B. Murphy Capital City Leadership Fund		Transaction ID: 23816578 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 3264 Tecumseh		Amount of Each Disbursement this Period 500.00
City Lansing State MI Zip Code 48906	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) C. Friends of Mary D. Waters		Transaction ID: 23809477 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 07545		Amount of Each Disbursement this Period 1000.00
City Detroit State MI Zip Code 48207	Purpose of Disbursement Mary Waters, STATE HOUSE 04th MI Candidate Name Representative Mary Waters 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: 4 2006	
		Mary Waters, STATE HOUSE 04th MI

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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) A. New Leaders Victory Fund		Transaction ID: 23809479 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 930 Huntington		Amount of Each Disbursement this Period 500.00
City East Lansing State MI Zip Code 48823		
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. Friends of Kevin Elsenheimer		Transaction ID: 23810521 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 500.00 Kevin Elsenheimer, STATE HOUSE 105th MI
City Bellaire State MI Zip Code 49615		
Purpose of Disbursement Kevin Elsenheimer, STATE HOUSE 105th MI Candidate Name Kevin Elsenheimer	011 Category/ Type	
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) C. Friends to Elect Martha Scott		Transaction ID: 23812479 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 75 Rhode Island		Amount of Each Disbursement this Period 1000.00 Martha Scott, STATE SENATE MI
City Highland Park State MI Zip Code 48203		
Purpose of Disbursement Martha Scott, STATE SENATE MI Candidate Name MI Sen. Martha Scott	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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) A. Hoon-Yung Hopgood for State Representative		Transaction ID: 23809482 Date of Disbursement 03 / 28 / 2006	
Mailing Address P.O. Box 25		Amount of Each Disbursement this Period 1000.00	
City Taylor State MI Zip Code 48180	Purpose of Disbursement Hoon-Yung Hopgood, STATE HOUSE 22nd MI Candidate Name Hoon-Yung Hopgood	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Hoon-Yung Hopgood, STATE HOUSE 22nd MI	

Full Name (Last, First, Middle Initial) B. Committee to Elect Shelly Goodman-Taub		Transaction ID: 23810661 Date of Disbursement 03 / 28 / 2006	
Mailing Address 1959 Shore Hills		Amount of Each Disbursement this Period 1000.00	
City Bloomfield Hills State MI Zip Code 48302	Purpose of Disbursement Shelly Goodman-Taub, STATE HOUSE 40th MI Candidate Name Shelly Goodman-Taub	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 40	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Shelly Goodman-Taub, STATE HOUSE 40th MI	

Full Name (Last, First, Middle Initial) C. Lee Gonzales Team		Transaction ID: 23809480 Date of Disbursement 03 / 28 / 2006	
Mailing Address 2460 Murphy		Amount of Each Disbursement this Period 500.00	
City Flint State MI Zip Code 48504	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 State: MI District: 49	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Lee Gonzales, STATE HOUSE 49th MI	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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

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(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) A. Deb Cherry Committee		Transaction ID: 23812482 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 2124 S. Belsay Rd.		Amount of Each Disbursement this Period 1000.00
City Burton State MI Zip Code 48519	Purpose of Disbursement Deb Cherry, STATE SENATE MI Category/Type 011	
Candidate Name Deb Cherry	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 26	Deb Cherry, STATE SENATE MI
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gilda Jacobs for Senate		Transaction ID: 23812480 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 8353 Hendrie Blvd.		Amount of Each Disbursement this Period 1000.00
City Huntington Woods State MI Zip Code 48070	Purpose of Disbursement Gilda Jacobs, STATE SENATE MI Category/Type 011	
Candidate Name Gilda Jacobs	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14	Gilda Jacobs, STATE SENATE MI
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citizens for Jim Plakas		Transaction ID: 23809483 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 6631 GOLFVIEW		Amount of Each Disbursement this Period 1000.00
City GARDEN CITY State MI Zip Code 48135	Purpose of Disbursement Jim Plakas, STATE HOUSE 17th MI Category/Type 011	
Candidate Name Representative Jim Plakas	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 17	Jim Plakas, STATE HOUSE 17th MI
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL 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

A. Paul Condino for State Representative Full Name (Last, First, Middle Initial) Mailing Address 21170 Winchester City Southfield State MI Zip Code 48076 Purpose of Disbursement Paul Condino, STATE HOUSE 35th MI Candidate Name Paul Condino Office Sought: <input checked="" type="checkbox"/> House <input 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) ▼		Transaction ID: 23809484 Date of Disbursement 03 / 29 / 2006 Amount of Each Disbursement this Period 1000.00 Paul Condino, STATE HOUSE 35th MI
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B. Chris Ward Majority Fund Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 31 City Brighton State MI Zip Code 48116 Purpose of Disbursement Chris Ward, STATE HOUSE 66th MI 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) ▼		Transaction ID: 23810968 Date of Disbursement 03 / 29 / 2006 Amount of Each Disbursement this Period 1000.00 Chris Ward, STATE HOUSE 66th MI
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C. Friends of Jim Barcia Full Name (Last, First, Middle Initial) Mailing Address 3190 Hidden Rd City Bay City State MI Zip Code 48706 Purpose of Disbursement James Barcia, STATE SENATE MI Candidate Name James Barcia Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 31 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 23812485 Date of Disbursement 03 / 30 / 2006 Amount of Each Disbursement this Period 1000.00 James Barcia, STATE SENATE MI
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SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	108925.00