

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Blue Cross Blue Shield of Michigan PAC

ADDRESS (number and street) 232 S. Capitol MC L10A Lansing MI 48933 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00084061 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 01 2016 through 09 30 2016

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 Cook, Mark, , ,

Signature of Treasurer Cook, Mark, , , [Electronically Filed] Date 10 14 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Blue Cross Blue Shield of Michigan PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		358889.92
(b) Cash on Hand at Beginning of Reporting Period.....	203248.54	
(c) Total Receipts (from Line 19)	159058.99	459502.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	362307.53	818392.64
7. Total Disbursements (from Line 31).....	134964.73	591049.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	227342.80	227342.80
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: / / To: / /

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		
(i) Itemized (use Schedule A).....	114901.00	272172.00
(ii) Unitemized	44138.55	187230.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	159039.55	459402.06
(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)	159039.55	459402.06
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.).....	19.44	100.66
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 Transfers (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)).....▶	159058.99	459502.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	159058.99	459502.72

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	39.73	174.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	39.73	174.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	28500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	96000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	98925.00	466375.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	134964.73	591049.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	134964.73	591049.84

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	159039.55	459402.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	159039.55	459402.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	39.73	174.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	39.73	174.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 273
	<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. Burke, Heidi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8705 Polk St
 City Omaha State NE Zip Code 68127-4419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LifeSecure Occupation (for Individual) Tbd-exempt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4B7F85AAD48D4AEAA87
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Derian, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2403 Sanders Place
 City Bloomfield State MI Zip Code 48302-0460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sr. Director Bus Config
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA4A7D73A01044A7286A
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Johnson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26126 Wyoming Rd
 City Huntington Woods State MI Zip Code 48070-1230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Provider Contracting Suppor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACE60B5A0D52E4BCFBA3
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 273
	<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. Polidori Jr, Gino, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2170 Antique Ct
 City Canton State MI Zip Code 48187-5826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A07918F8C31CA46B881D
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Polsgrove, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22603 Chestnut Tree Way
 City Novi State MI Zip Code 48375-4362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Database Administrator III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4D4411674C934B3AB2F
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Robb, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3413 Wolverine Dr
 City Troy State MI Zip Code 48083-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Special Asst To CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A80E1E8F960674B55A40
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	378.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 273
	<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. George, Renji, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20840 Veranda Dr
 City Novi State MI Zip Code 48375-4778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Strategy Perf Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5DFD1CF1F95C46FB83E
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Byrnes, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15063 Lakewood Dr
 City Plymouth State MI Zip Code 48170-2679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A21BAF3AC21F14A97BC9
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Haar, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3607 Kipling Cir
 City Howell State MI Zip Code 48843-7444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) EVP & Pres. Emerging Markets
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5BA5609CB33646DEB5D
 Amount of Each Receipt this Period 595.00
 Memo Item
 Payroll Deduction: \$85.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	924.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 273
	<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. McDonnell, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1471 Marlowe St
 City Canton State MI Zip Code 48187-3179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A870DD3BD9F8C4162BEF
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Zell, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5411 Bright Creek Court
 City Flint State MI Zip Code 48532-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9E30C1545BA144F7802
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Rush, Terrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47185 Marisa Ct
 City Plymouth State MI Zip Code 48170-3491
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-regional Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF9E19B2C58E942D391C
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	378.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 273
	<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. Bluhm, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6187 Brittany Tree
 City Troy State MI Zip Code 48085-1085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A12DFAD471F48495EA26
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Rabideau, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1699 S Shore Dr
 City Rochester Hills State MI Zip Code 48307-4314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE4F2E446E2EB40AF881
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Govila, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1344 Latham St
 City Birmingham State MI Zip Code 48009-3044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Med Dir Hlth Plan Bus
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A64E2231D52254124BC3
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 273
	<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. Walsh, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1731 Waverly Rd.
 City Ann Arbor State MI Zip Code 48103-5649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A33C83A1213F64DF4884
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Oneill, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7228 Gully
 City Dearborn Heights State MI Zip Code 48127-3807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A65CF720E628E44E4809
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Cook, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28140 Kendallwood Dr
 City Farmington Hills State MI Zip Code 48334-3454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2015C45C59EA4797850
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 273
	<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. Farr, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 Lane Drive
 City Howell State MI Zip Code 48843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Enterprise Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC07B4C25E3714706813
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Quesnel, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8584 S Summerton Rd
 City Shepherd State MI Zip Code 48883-9310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Enterprise Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6F7D8A6BCDD449DBA01
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Seling, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8610 Carlsbad Lane
 City Lansing State MI Zip Code 48917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) VP, BD & Regional Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ABF09B002FE424952A43
 Amount of Each Receipt this Period 350.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 273
	<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	<input type="checkbox"/> 17

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

A. Partin, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 841 Laguna Dr
 City Wolverine Lake State MI Zip Code 48390-2016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4AADB1C77F0C4663A1D
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Albert, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2061
 City Brighton State MI Zip Code 48116-5861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE91500DB57B940ABAB3
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Rafferty, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14128 Thames
 City Shelby Twp State MI Zip Code 48315-5437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A242142CBA184494A97C
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	469.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 273
	<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. Hughes, Veronique, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2640 Kenwyck Dr
 City Troy State MI Zip Code 48085-3717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-key Account
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6363B1F9FD624B08A7F
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Knapp, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 Franklin Rd
 City Bloomfield Hills State MI Zip Code 48302-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4A5C690A42124B5788A
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Pollard, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 Orchard St
 City Chelsea State MI Zip Code 48118-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Provider Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2DAADC3255514874A01
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 273
	<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. Stevens, Charmaine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47011 Mornington Rd
 City Canton State MI Zip Code 48188-3000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC1B2A330687642BCBDC
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Schebil, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 Englewood Ave
 City Royal Oak State MI Zip Code 48073-2834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3FE8552840D94687B12
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Irick, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 N. Highland St
 City Dearborn State MI Zip Code 48128-1654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A756A07961B374D8EB35
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	378.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Middleton, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5669 Shore Dr
 City Orchard Lake State MI Zip Code 48324-2966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) EVP Ops & Business Perform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2BCF494984514F529CC
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

B. Negro, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5270 Inverrary Ln
 City Commrce Twp State MI Zip Code 48382-1048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director Sales Infrm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA54C7FF80B7641839B8
 Amount of Each Receipt this Period 280.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

C. Grzegorzczuk, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4916 Beech Road
 City Hope State MI Zip Code 48628-9608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB40B09B38401479ABCD
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	903.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 273
	<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	<input type="checkbox"/> 17

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

A. Albert, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1658 Hillside Ln
 City Rochester Hills State MI Zip Code 48307-3437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A99E737E8017D49488B3
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Gavin, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10721 Stoney Point Dr
 City South Lyon State MI Zip Code 48178-9820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Key & Large Group & Auto
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3A3EB381ED45462A9E8
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Gileczek, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7053 N Lake Orchard Drive
 City Gregory State MI Zip Code 48137-9694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) President, CompWest
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A509FCDC0056E4447BCA
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	861.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ramachandran, Karthik, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26249 Fieldstone Drive
 City Novi State MI Zip Code 48374-2150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Systems Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9472D628CFF24AE38BC
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Wixson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3212 Lexham Lane
 City Rochester Hills State MI Zip Code 48309-4399
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7A7B6749E7E64DFD82F
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Gzel, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2887 Walmsley Circle
 City Lake Orion State MI Zip Code 48360-1643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director Bpi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8E4C1F335BA2455CA32
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	469.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 273
	<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	<input type="checkbox"/> 17

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

A. Funk, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46633 Aaron's Way
 City Canton State MI Zip Code 48188-2321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Finance Business Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACFEC019AAAEC4D71AA
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Casillas, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3020 Syracuse
 City Dearborn State MI Zip Code 48124-4527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8A7869AE7B32415A853
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Baker, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1153 Nottingham
 City Grosse Pointe Park State MI Zip Code 48230-1339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Wellness & Care Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ABC8DB4EDACDE456A8E
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	567.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 273
	<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. Tarver, Laverne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36444 Dominion Cir
 City Sterling Heights State MI Zip Code 48310-7459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Service Center Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8C3719A072284D9C876
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Manthey, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3560 Ravinewood Ct
 City Commerce Township State MI Zip Code 48382-1647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Strategy & Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AEFDA68E888D4312B31
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Baharozian, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 Farm Brook Trail
 City Oxford State MI Zip Code 48370-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD13C9A54B416439D8FA
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 273
	<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. Ladouceur, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 156 Wadsworth Lane
 City Bloomfield Hills State MI Zip Code 48301-3342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A849B24B406044DBD8F6
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Hopper, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40671 La Grange Dr
 City Sterling Heights State MI Zip Code 48313-4340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE6CDBF46F9DB4ABC95F
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Savage, Juanita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25646 Castlereigh Dr
 City Farmington Hls State MI Zip Code 48336-1523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD523B2CC86DB40D3BA6
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 273
	<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	<input type="checkbox"/> 17

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

A. Eicher, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3355 Essex Ct
 City Troy State MI Zip Code 48084-2722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Rating & Underwriting Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF4D96CD9F5D244639EE
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Lang, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9050 Carter Dr
 City Saline State MI Zip Code 48176-8006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Pharmacy Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD481880B1AC54DD482F
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Anderson, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 Sutherland St
 City Plymouth State MI Zip Code 48170-2043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Admin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A647CD334863A481294F
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 273
	<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. Gundel, Rosemary, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52105 Loon Ct

City Shelby Township	State MI	Zip Code 48315-6946
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cross Blue Shield of Michigan	Occupation (for Individual) IT Manager II
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : A73B5889D7B834D77B9D

Amount of Each Receipt this Period
126.00

Memo Item
Payroll Deduction: \$18.00/Bi-Weekly

B. Billingsley, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20143 Doyle Ct

City Grosse Pointe Woods	State MI	Zip Code 48236-2402
-----------------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Michigan	Occupation (for Individual) VP Chief Info Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : ADA5C5B15685F4E88BB9

Amount of Each Receipt this Period
315.00

Memo Item
Payroll Deduction: \$45.00/Bi-Weekly

C. Flint, Diane, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14240 Talbot

City Oak Park	State MI	Zip Code 48237-1183
------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Michigan	Occupation (for Individual) Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : AABC33A15888047A4ABF

Amount of Each Receipt this Period
126.00

Memo Item
Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	567.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 273
	<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. Rumley, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 951 Hampton Rd
 City Grosse Pointe Woods State MI Zip Code 48236-1341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP and General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7E0E60E468634728ACA
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Yang, Yan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17922 Ridgeview Dr
 City Northville State MI Zip Code 48168-8566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A18A65FF74F1A459D8C3
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Heil, Wilbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12337 Strasburg Rd.
 City La Salle State MI Zip Code 48145-9716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD0786F566F074AACB19
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 273
	<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. Erfurt, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23546 Bristlecone Ct
 City South Lyon State MI Zip Code 48178-8252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6E894A7BB75941218DD
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Carr, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37479 Eagle Dr
 City Livonia State MI Zip Code 48150-5054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A152AE4692E034BF889E
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Carr, Shanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5475 Vincennes Dr.
 City Bloomfld State MI Zip Code 48302-2561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5FAA516CFFDF4A7691D
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kell, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9019 W. Lake Pointe Dr.
 City Laingsburg State MI Zip Code 48848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, Comp & Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4E71D2086A944968992
 Amount of Each Receipt this Period 245.00
 Memo Item
 Payroll Deduction: \$35.00/Bi-Weekly

B. Schaal, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2109 Ray Road
 City Fenton State MI Zip Code 48430-9709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA03762DC2337442DA34
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Cerutti, Lynda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2019 Argyle Ave
 City Kalamazoo State MI Zip Code 49008-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A78FBF314B6CE4399B4C
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	651.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 273
	<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. Mooradian, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2621 Somerset Apt 201
 City Troy State MI Zip Code 48084-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF91A8A0AA30A4F3592D
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. MacDonald, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26510 Dundee Rd
 City Huntington Woods State MI Zip Code 48070-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A076C6A0A836E41818FE
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Reed, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11304 Auburndale
 City Livonia State MI Zip Code 48150-2841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA16C7B3672CA48A3A86
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 273
<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. Howard, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2102 Winners Circle
 City St. Johns State MI Zip Code 48879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Regional Dir, Bus Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0A80C2251D5B4EEFBEB
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Fedrizzi, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 490 Bishop Woods
 City Marquette Michigan State MI Zip Code 49855-8606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3589A446B4EC4F8099F
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Burns, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 987 Hickory Heights Dr.
 City Bloomfield Hills State MI Zip Code 48304-3126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Phys Group Incentive Prog
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9AD12E921F3D4A40917
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Edwards, Brendan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1346 Ardmoor Dr
 City Bloomfield Hills State MI Zip Code 48301-2160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD0B1F756D8124719981
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Horalek, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19477 Smock
 City Northville State MI Zip Code 48167-2635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Enterprise Architect Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5CBC4CB1B5024E60BEF
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Bobel, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 444 Steeple Chase Ct
 City Bloomfield Hills State MI Zip Code 48304-3067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney Senior
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A48B52159D3D74A2F905
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 273
	<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. Firestone, Nita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7737 Collingwood
 City Brighton State MI Zip Code 48114-9459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ADBBD0D522B3945FA8AE
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. David, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20910 Normandy Ct
 City Northville State MI Zip Code 48167-2852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir URMBT Account
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0E934346FB0A468E82A
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Boyle, Vicki, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25535 Shoreline Dr
 City Novi State MI Zip Code 48374-2169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Qual Mgmt/Accred Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB6704F85B75C4D4B8EA
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 273
	<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. Saxton, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2826 Lamoreaux Ln
 City Holt State MI Zip Code 48842
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, Ent Fc&Pr Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A521B4ACFEE6E40B183C
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Carney, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2723 Carnoustie Drive
 City Okemos State MI Zip Code 48864-3348
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) SVP, Chief UW Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3071169C11D748B1955
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

C. Woodyard, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 Woodward
 City Detroit State MI Zip Code 48201-3158
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sr Dir Customer Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A55FDBBA12B30418AB3C
 Amount of Each Receipt this Period 245.00
 Memo Item
 Payroll Deduction: \$35.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	868.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 273
	<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. Jennings II, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24637 Millcreek Dr
 City Farmington Hills State MI Zip Code 48336-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF09428ED41C9464994C
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Grier, Bridget, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19841 Northbrook Dr
 City Southfield State MI Zip Code 48076-5053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA158FD5B41B14FD7B39
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Churchill Jr, Phillip, , , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3026 Westchester Rd
 City Lansing State MI Zip Code 48911-1044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney Senior
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5E15FB1C99FD4E67BDF
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 273
	<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. Kolb, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16407 Brook Trout Lane
 City Northville State MI Zip Code 48168-8502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A69AAADD4F7AD4BFAAD
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Chen, Briana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37882 Amber Drive
 City Farmington Hills State MI Zip Code 48331-1170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir HCV Plng Perf & Proj Del
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC0A8389C34484C47A36
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Ross, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 921 Church St
 City Plymouth State MI Zip Code 48170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, ER & Cap Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8F0AB5083EAC401BBBF
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 273
	<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. Kauffman, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6091 Balmoral Way
 City Commerce Township State MI Zip Code 48382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, Medical Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9446D6C0ABB54F18BA9
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Waller, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 894 Avon Court
 City Grs Pt Wds State MI Zip Code 48236-1239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Center of Exc Stars Pgrm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A15283849161946F080D
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Staub, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9841 Blue Moss Trl
 City Traverse City State MI Zip Code 49685-9790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AAC475AC50CCB413D852
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Fremder, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22147 Buckingham Drive
 City Farmington Hills State MI Zip Code 48335-5427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director Hr Business Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8ABD9FC3C0374013A69
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Remisiewicz, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18432 Stamford St
 City Livonia State MI Zip Code 48152-4905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A44B2639475654546A93
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Spencer, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4522 Rolling Pine Ct
 City West Bloomfield State MI Zip Code 48323-1439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Bus Configuration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF58FF402232549F9B52
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 273
	<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. Forster, Camille, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9035 Woodlore South Dr.
 City Plymouth State MI Zip Code 48170-3499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Entprse Enabling & Anc Sys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A41462A6A039C48C4BA8
 Amount of Each Receipt this Period 133.00
 Memo Item
 Payroll Deduction: \$19.00/Bi-Weekly

B. Kochis, Joann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8347 Thorntree Dr.
 City Grosse Ile State MI Zip Code 48138-1515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4343AB42F9E3497CAE0
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Stutler, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24777 Reeds Pointe Dr
 City Novi State MI Zip Code 48374-2537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Ent Anc Bus & Pres & CEO LS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5A063C5238034B4B9CA
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	574.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 273
	<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. Quigley, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 273 Chalfonte Ave
 City Grosse Pointe Farms State MI Zip Code 48236-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Strategy & Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5B7FE8C69BFF497BAA9
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Holaday, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 N Francis Avenue
 City Lansing State MI Zip Code 48912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, Entrps Reglt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2D15622467A649C9AC0
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Proctor, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43248 Pepperwood St
 City Canton State MI Zip Code 48187-2349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Workforce Optimization
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AED44FEEF1A3447AFA27
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 273
	<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. Keller, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43258 Mirabile Trl
 City Clinton Twp State MI Zip Code 48038-2451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Memb & Prov Acctg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A35C2B123F28D4E2EA0B
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Pence, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11431 Majorca Pl
 City Fenton State MI Zip Code 48430-8714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A02E52BA9804146B39B8
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Williams MD, Felecia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28856 Lake Park Dr
 City Farmington Hills State MI Zip Code 48331-2631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Medical Director BCN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB0D6825099024B8CACC
 Amount of Each Receipt this Period 210.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	539.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 273
	<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	<input type="checkbox"/> 17

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

A. Jalosinski, Renata, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4815 Hayman Dr
 City Warren State MI Zip Code 48092-2396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager - Pharmacy Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2D881A3A15224610A2B
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Thompson, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 N. Blair
 City Royal Oak State MI Zip Code 48067-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Actuarial Informatics Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2ECCCB6276D440B6ACE
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Puncevic, Beata, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 Bay View Cir
 City Algonquin State IL Zip Code 60102-6830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF4E0EBE0F026470BB1A
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	392.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 273
	<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. Hunt, Dan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1450 Foxcroft Rd
 City East Lansing State MI Zip Code 48823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Corporate Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7D5562B6873A4DBAB7D
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Easton, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22806 Sherry Dr
 City Flat Rock State MI Zip Code 48134-9064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA842A66199BA40C495E
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. VanTorre-Tellier, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2065 Wilshire Dr SE
 City Grand Rapids State MI Zip Code 49506-4013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AAFC0085D08846FBAFA
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	469.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 273
	<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	<input type="checkbox"/> 17

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

A. Schmidt, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11590 Hibiscus Lane
 City Grand Ledge State MI Zip Code 48837-8178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7EEC765559D14EE0998
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Maloy, Nora, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2018 Chaucer Dr
 City Ann Arbor State MI Zip Code 48103-6106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Progrms BCBSM Foundation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A02EDDC62BFE342BA9B3
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

C. Hoffman, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6872 Cedarbrook Dr
 City Bloomfield Hills State MI Zip Code 48301-3017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC8A41203D84E4BFDB99
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	469.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 273
	<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. Forney, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1086 Ravensview Trl
 City Milford State MI Zip Code 48381-2972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Bcn Market Relations Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A40E9FA4D2D2B41ACAC5
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Brown, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 551 Plymouth Ave SE
 City Grand Rapids State MI Zip Code 49506-2841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3D15BF2E1F1C4F41999
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Dion, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41584 Stonehenge Manor
 City Clinton Township State MI Zip Code 48038-4642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Bus Effic & Continu Imprv
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9F173E93A28F44F6B6E
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 273
	<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. Mozak, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21174 Bridle Run
 City Northville State MI Zip Code 48167-9605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Fin & Chief Risk Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC5E8164EEF1144D6B64
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Andreshak, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2719 Broadmoor Dr
 City Rochester Hills State MI Zip Code 48309-1350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9CF5B8200402496ABFE
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Elias, Ammar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4233 Hawks Nest Rd
 City Shelby Township State MI Zip Code 48317-4080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8E6219744E2C40FDBFB
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 273
	<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. Monroe, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Hamilton Rd
 City Bloomfield Hills State MI Zip Code 48301-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Corporate Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A98F59F7F50A14D779B8
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Hardy, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 Brian Ct
 City Ann Arbor State MI Zip Code 48104-4267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP HCV Perf & Execution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AED9474D8D9D74B15B20
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Wilson, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1361 Palmer
 City Plymouth State MI Zip Code 48170-2069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director BCN Bus Supp & Admin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A53C98701D3A84910922
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 273
	<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. Galac, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 693 Bolinger
 City Rchstr Hls State MI Zip Code 48307-2820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A46CC819B4D3E4572A31
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Rossi, Lynda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1066 Foxborough Dr
 City Williamston State MI Zip Code 48895-9206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) EVP Strgy Govern & Pub Aff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7DF3408BC9A34103B07
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

C. Gawronski, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12285 Lavender West
 City Fenton State MI Zip Code 48430-3535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Benefit Admin & Acct Svc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A910ABD9D4E104149A4A
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 273
<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. Reynolds, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12416 Golden Oaks Drive
 City Milford State MI Zip Code 48380-1254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) VP, Corporate Sec and Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8B51C7C83F0D485D950
 Amount of Each Receipt this Period 350.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Bueche, Teresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 621 Scottview CT NE
 City Comstock Park State MI Zip Code 49321-8594
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFE14A9169C2F4297947
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Harrington, Bonnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35872 Johnstown Rd
 City Farmington Hills State MI Zip Code 48335-2023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A31B47926DE674A62AC9
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	756.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 273
	<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. Drayton, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9335 Sanilac
 City Detroit State MI Zip Code 48224-1245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB56447443F0B487C9EC
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Troup, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16022 Brook Trout Ln
 City Northville State MI Zip Code 48168-8593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir IBU Risk Stblty & Pfm Mg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A187911A8F96542FEB45
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Mullen, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13532 Heathrow Circle
 City Dewitt State MI Zip Code 48820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, Bus Liaisons Office
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A47F936034CC746A09C2
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 273
	<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. O'Reilly, Raymond, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25506 Stanley Ln

City South Lyon	State MI	Zip Code 48178-8195
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Michigan	Occupation (for Individual) Director II
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : AA4F4D1D8810244078F8

Amount of Each Receipt this Period
203.00

Memo Item
Payroll Deduction: \$29.00/Bi-Weekly

B. Froehlich, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 781 Harcourt Rd

City Grosse Pointe Park	State MI	Zip Code 48230-1831
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Michigan	Occupation (for Individual) Director - Finance
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : A9C936799EE574722B01

Amount of Each Receipt this Period
175.00

Memo Item
Payroll Deduction: \$25.00/Bi-Weekly

C. Sabatella, Annette, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Saddle Lane

City Grosse Pointe Woods	State MI	Zip Code 48236-2728
-----------------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Michigan	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : A0A5AA01DD8924E51AF2

Amount of Each Receipt this Period
203.00

Memo Item
Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	581.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 273
	<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. Mac Lean, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3016 Fantail Ct
 City Rochester Hills State MI Zip Code 48309-4296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A029FFA482E234489B8F
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Nesler, Roy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51035 Gulfsteam Park Lane
 City Canton State MI Zip Code 48188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir - Payroll Srvc's & HRIS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF1E49FCFF2B6476887E
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Crawford, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1413 Morton Ave
 City Ann Arbor State MI Zip Code 48104-4436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AAA77D4D334E645A5B99
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 273
	<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. Walkiewicz, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2481 Ellwood Ave
 City Berkley State MI Zip Code 48072-3209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A013842585704442DA60
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Martinez, Trine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43585 Serenity Dr.
 City Northville State MI Zip Code 48167-8932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A77A9B5274D6644BAAB6
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Bridges, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33654 Yorkridge St
 City Farmington Hills State MI Zip Code 48331-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB92B4356EA8545F6950
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	567.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dallafior, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4529 Oak Pointe Dr
 City Brighton State MI Zip Code 48116-9780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) EVP President Hlth Plan Bus
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA7D481C661A549C6A98
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

B. Gillette, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 460 Orange
 City Wyandotte State MI Zip Code 48192-6226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9F14D7981B6B4DB39AC
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Santhanam, Seetharaman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15825 Spyglass Dr
 City Northville State MI Zip Code 48168-8484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A62F0057BC6CA4BD0A36
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	749.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 273
	<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. Hill, Vanette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6026 Bay Hill Ct
 City Romulus State MI Zip Code 48174-6424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A779AC19CC4BF451D81A
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Snyder, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17175 Tall Pines Ct
 City Northville State MI Zip Code 48168-1883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sr Dir HR & Labor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A85212B0D28BA4DC7A82
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Madhavan, Shankarshna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5821 Muirfield Ln
 City Troy State MI Zip Code 48085-6128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC3C512B0356842BF8F1
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 273
<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. Muzingo, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 344 University Place
 City Grosse Pointe State MI Zip Code 48230-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A903A6B9A3FE343B793C
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Leyden, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48808 Meadow Dr
 City Plymouth State MI Zip Code 48170-3260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5B883D6997D5414A8E4
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Miller Allen, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 526 Washington St
 City Traverse City State MI Zip Code 49686-2644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ABDCA4C65E9304DFD880
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Edwards Jr, Carmi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1173 Tartan Ln
 City Walled Lake State MI Zip Code 48390-2285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC04B173B5CF54F5CAD1
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Maier, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6061 Middle Lake Rd
 City Clarkston State MI Zip Code 48346-2047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA1A4B191D0004F81AF9
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Braund, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4635 Charest Ave
 City Waterford State MI Zip Code 48327-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Group Cust Adv & Perf
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A291851D192A74F8D946
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 273
	<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. Gupta, Rachna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4145 Easton Way
 City Troy State MI Zip Code 48085-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Strategy Perf Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A35D24F7724D64D478CF
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Nehls, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1654 Delmonte
 City Walled Lake State MI Zip Code 48390-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A006F7674AA4444E5921
 Amount of Each Receipt this Period 182.00
 Memo Item
 Payroll Deduction: \$26.00/Bi-Weekly

C. Mebane, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29950 Summit Dr. Apt 101
 City Farmington Hills State MI Zip Code 48334-2415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9C7FB4F1DD2E4437A9C
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	511.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 273
	<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. Latvis, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5841 Rosebrook
 City Troy State MI Zip Code 48085-3880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Provider Consulting Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ABDD888B064AA4373BBE
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Turner, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25831 Ivanhoe Rd
 City Huntington Woods State MI Zip Code 48070-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1DC465B4C2B24E0B8A9
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Denslow, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8920 Price Road
 City Laingsburg State MI Zip Code 48848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Corporate Security
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A09E61C0535ED4423BA2
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	448.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 273
	<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. Williams, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50409 Aldwych St
 City Macomb State MI Zip Code 48044-1126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A45D83E4227984AE1B03
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Thibaudeau, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44486 Copland Lane
 City Novi State MI Zip Code 48375-1574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A72D20A5209144DD4894
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Phelps, Stephan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31508 Campbell Rd
 City Madison Heights State MI Zip Code 48071-1068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Grievance & Appeals Coord
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A95A6EE1E4A9242FBA63
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 273
	<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. Jozwiak, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51192 Clear Spring Ln
 City Shelby Township State MI Zip Code 48316-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFC8994B8EFD44A0CA48
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Bodner, Kimberlie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8239 Horsemill Rd
 City Grosse Ile State MI Zip Code 48138-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6F21AF85E64F4874926
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Holnagel, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5117 Giesboro Lane
 City Okemos State MI Zip Code 48864-1269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) VP, Actuarial Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5A741137AACE4CE9A18
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	567.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 273
	<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. Baltis, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 S Ashland Ave #14801
 City Chicago State IL Zip Code 60608-2013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Chief Info Security Ofcr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A266E3C1D5616465682E
 Amount of Each Receipt this Period 350.00
 Memo Item
 Payroll Deduction: \$50.00/Bi-Weekly

B. Duffield, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 Glenn Rd
 City State College State PA Zip Code 16803-3471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Sr Bus Partnrsp Intragtrn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5625890141B54A03BC0
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Ishraidi, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14878 Shamrock Trail
 City Lansing State MI Zip Code 48906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5D21DD074D3E4DB09E7
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	791.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Barnes, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 697 West Lansing Road
 City Morrice State MI Zip Code 48857-9649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) VP, Service Center
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AAC9DB5866FC44D09870
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Root, Kelley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2670 Rush Point Dr
 City Sand Lake State MI Zip Code 49343-9106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir West MI Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFE9E50CE5ECB4FCA838
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Fritsch, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37149 Weymouth
 City Livonia State MI Zip Code 48152-4095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ABC94FE024450472EBA7
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	644.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 273
	<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. Hohner, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2106 Stonebridge Way
 City Canton State MI Zip Code 48188-6227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8A91CDB13248488ABD5
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

B. Ross, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32158 Teasel Court
 City Avon Lake State OH Zip Code 44012-2740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Rating & Underwriting Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A65F51AB72FCF49A2957
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Krieger, Erica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 Oak Forest Dr E
 City Troy State MI Zip Code 48085-4102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir STARS Pg Aytcs & Pfm Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A07D50637E69C43BA932
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	749.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 273
	<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. Stojic, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Elm Park Blvd
 City Plsnt Rdg State MI Zip Code 48069-1105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2D53B906A6AF433BA96
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Pawloske, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5450 Sandlwood Court
 City Waterford State MI Zip Code 48329-3486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1E8FCB8356F747E08B0
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Hazel, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 E Lovett St
 City Charlotte State MI Zip Code 48813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Strategic Planning Advisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACE1E269218DD4F9CBEC
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 273
	<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. Smith, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8310 Flagg View Dr
 City Powell State OH Zip Code 43065-8147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8E55E3FCF93C4CD89A5
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Hackett, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57161 Sun creek Ln
 City Washington State MI Zip Code 48094-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF583DD8F1C7542E2994
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Dunn, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3153 Davenport
 City Rochester Hills State MI Zip Code 48309-4283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP and Chief Actuary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5F86E52B53D64BC69ED
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	672.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 273
	<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. Levine, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1788 Pierce
 City Birmingham State MI Zip Code 48009-2056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Corp Mktng & Cust Experien
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A605DCEC6F6554F39872
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Bartlett, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51173 Upland View
 City Canton State MI Zip Code 48188-3485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) EVP Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1E1D97AB080B4F44AB8
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

C. Stanko, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2233 Camelot Drive
 City Troy State MI Zip Code 48083-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney Senior
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A16625959A6154268AA3
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 273
	<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. Llewellyn II, Rollyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5856 Livernois Rd
 City Troy State MI Zip Code 48098-3129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC9A69E2A1782498D919
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Manyam, Sheela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1051 Maya Ct
 City Troy State MI Zip Code 48085-4967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A762911A3BB4140F99DF
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Warner, Ray, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50707 Otter Creek
 City Shelby Township State MI Zip Code 48317-1751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sr Dir Facilities Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF01D7CB9084F487F893
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 273
<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. Harvey, Audrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25465 Waycross
 City Southfield State MI Zip Code 48033-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP BCBSM Foundation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9C3A593DD33B451598C
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Mutch, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46344 Turnbuckle Ln
 City Macomb State MI Zip Code 48044-6204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-key Account
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AAF29E982A1E34597B08
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Wood, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29225 Lake Park
 City Frmgtm Hls State MI Zip Code 48331-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Sml Grp Undrwtg&Undrwtg Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA944419902564663B18
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	756.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 273
	<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. Kuypers, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21524 Boyd Court
 City Macomb State MI Zip Code 48044-3068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A63D29B35420741B0B8A
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. McCallum, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8510 Pine Cove Dr
 City Commerce Township State MI Zip Code 48382-4455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Finance Business Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFA8F9B6BF1374702936
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Thompson, Beckie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1436 Sheridan St
 City Plymouth State MI Zip Code 48170-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Exec Comm & Press Scrtly
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4477613FF91A4C72841
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	469.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 273
	(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

A. Heath, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28345 Carlton Way Dr
 City Novi State MI Zip Code 48377-2635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir BCN Mem Engage & Sat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A32067033FE2143AD9AE
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Burke, Terrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1869 Wentworth Dr
 City Canton State MI Zip Code 48188-3090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Individual Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A10F717CC60024AC8A58
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Reinholm, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1249 Larkmoor Blvd
 City Berkley State MI Zip Code 48072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Assistant General Counsel III
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE9BFAEF6E4884653A4A
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 273
	<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	<input type="checkbox"/> 17

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

A. Kett, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18876 Seminole
 City Redford State MI Zip Code 48240-2038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Portfolio Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A052C375C74694938AFA
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Freund, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2949 Audrey's Way
 City East Lansing State MI Zip Code 48823-7372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) EVP, Fnanc, EM & CFO, AF Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A69E6DFE314514B688F5
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

C. Longo, Cathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11704 Dublin Cir
 City Jerome State MI Zip Code 49249-9745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC5F3B000B6054926832
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	749.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Mills, Duwayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1076 Bangor Rd
 City Waterford State MI Zip Code 48328-4718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A36B86A41DA684FB98B6
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Symula Parmely, Laurine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5772 Martell Drive
 City Troy State MI Zip Code 48085-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP and Deputy General Counsil
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE351BF29FC484AE9897
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Huetteman, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22901 Wilson
 City Dearborn State MI Zip Code 48128-2808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A46CECEE81E3048B5BB7
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 273
	<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

A. Anderson, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47610 Red Run Dr
 City Canton State MI Zip Code 48187-5490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Mgr- Employee & Labor Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7A9A9DCE080B4EAF81C
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Pedigo, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39906 Mazuchet Dr
 City Harrison Township State MI Zip Code 48045-1665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Specialty Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A39810D32512C4101810
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Maurer, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2250 Haslett Road
 City Williamston State MI Zip Code 48895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Regional Dir, Bus Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF06A30DBC2AD4B20B32
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Geiss, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11201 Beechwood Court
 City Taylor State MI Zip Code 48180-4186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney Senior
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A64848F7A625345D2A4C
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Larkin, Kerri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1950 Wentworth Dr
 City Canton State MI Zip Code 48188-3132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ADCBBAB3DBB2347D49AI
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Morgan Jr, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28529 Westerleigh Rd
 City Farmington Hills State MI Zip Code 48334-2775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFAD356DB2C1A4BD3A59
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Wesolowicz, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17455 Maple Hill Dr
 City Northville State MI Zip Code 48168-3225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0CFCD8AADB304952829
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Smith, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2485 Kimberly Fair
 City Rochester Hills State MI Zip Code 48309-2061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Rating & Underwriting Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ADE4FD1F7E9734742989
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Perry, Glen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2148 Michele Dr
 City Troy State MI Zip Code 48085-3825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A077ED1D43BB748EEB13
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 273
	<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. Moon, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4080 Bristol Dr
 City Troy State MI Zip Code 48085-4809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager - Pharmacy Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A52BD62588EAA438F9E1
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Kittmann, Kerilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4325 Chancellor Drive
 City DeWitt State MI Zip Code 48820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, S P & Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ADE6BF2D9B3B94712999
 Amount of Each Receipt this Period 210.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

C. Anderson, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 499 Catalpa Dr
 City Birmingham State MI Zip Code 48009-1714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Prov Contr & Ntwk Admin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A79D8F44820D54849B27
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	651.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 273
	<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. Stone, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3377 Dewdrop Lane
 City Howell State MI Zip Code 48843-7380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director BCN Fin Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8A1AB10C469F40FBAE3
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Mcfall, Adonna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3895
 City Southfield State MI Zip Code 48037-3895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Customer Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4A9B3F415ED94CCEB68
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Van Kirk, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5945 Oak Bend Ct
 City Howell State MI Zip Code 48843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, Mrktg Communications
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC77201AEB8114070AFD
 Amount of Each Receipt this Period 210.00
 Memo Item
 Payroll Deduction: \$30.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	539.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Driscoll, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 488 Fisher Rd
 City Grosse Pointe Farms State MI Zip Code 48230-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-risk Mgmt Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7A43CA6F05944DA79CC
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Anderson, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53977 Connor Dr
 City New Baltimore State MI Zip Code 48051-3930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Delivery Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8DA68B90E7C644DDAA6
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Oskui, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Warner Rd
 City Grosse Pointe Farms State MI Zip Code 48236-3745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Customer Svcs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8FDCB674C54143BFAB8
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	357.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 273
	<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. Grigorian, Vera, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17485 Laurel
 City Livonia State MI Zip Code 48152-2962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director Employee Labor Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2164850C070D495F907
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Christianson, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42881 Tomlinson Dr
 City Clinton Township State MI Zip Code 48038-2497
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2681107407E24798B18
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

C. Bores, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18890 Heather Ridge Dr
 City Northville State MI Zip Code 48168-6814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ADAD86E2F316840D1A38
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	511.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 273
	<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. Hover, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2520 Meadowview Court
 City Rochester Hills State MI Zip Code 48306-3822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Private Exchange
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A599D8C03712745E3960
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Kihn, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10529 Stark
 City Livonia State MI Zip Code 48150-2619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD9F5741399D14142AB6
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Lenko, Loretta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Oakland Park Blvd
 City Pleasant Ridge State MI Zip Code 48069-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Business Developmnt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AAB1561C1FB8C4AFE925
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 273
	<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. Amerell, Jac, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 E. Parent Ave Unit #9
 City Royal Oak State MI Zip Code 48067-4533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP & Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD8F1159AB5C6407B8E2
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Nosakowski, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1377 Morning Mist Dr
 City Howell State MI Zip Code 48843-7012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-key Account
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A71CAF8AC7909441D8D4
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Geyer, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15275 Francis Road
 City Lansing State MI Zip Code 48906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Managing Dir, BA&UW Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9CDBA081098749CB907
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Crowley, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Beacon Hill
 City Gross Pointe Farms State MI Zip Code 48236-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE7FDE924016C4F4FA59
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Patsalis, Concettina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15974 Jupiter Hills Dr
 City Northville State MI Zip Code 48168-8628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A940E6DB12DA744F2B4B
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Rusch, Joanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4171 Fallow
 City W Blmfld State MI Zip Code 48323-1242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ABB8F93C757754C1BA29
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 273
	<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	<input type="checkbox"/> 17

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

A. Bristle, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1350 S Cummings Rd
 City Davison State MI Zip Code 48423-8122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A11AB8C214B744BA1971
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Wherry-McCord, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2449 W Auburn
 City Rochester Hills State MI Zip Code 48309-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A34A33D16E8CE4FE4AE3
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Theisen, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23250 Cheltenham Ln
 City Dearborn Heights State MI Zip Code 48127-2365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney Senior
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF44625CCA6164EB1ABB
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 273
	<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. Jamerson, Regina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6875 Chase Court
 City W Bloomfield State MI Zip Code 48322-3292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF3B314FAFA7845A0824
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Wilkie, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2988 Berkshire Drive
 City Bloomfield Hills State MI Zip Code 48301-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Sales Force Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA43C3FE317D0475A932
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Adkins, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4371 Fieldview
 City Grand Ledge State MI Zip Code 48837-8191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) VP, Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A34CBE1FA98AB40C0B60
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 273
	<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. Czinski, Wanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11121 Butler Rd
 City Willis State MI Zip Code 48191-9650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Finance Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A04AE3E59B96E43588E8
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Vern, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 Lakepointe
 City Grosse Pointe Park State MI Zip Code 48230-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4AD05F3DDD2448EAAAB
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Yanis, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1332 Woodbridge Street
 City Saint Clair Shores State MI Zip Code 48080-1623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ADDA12C688FBB4564B2D
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 273
	<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. Schneider, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27465 Shagbark Dr
 City Southfield State MI Zip Code 48076-7420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5246B6FC541540A88DA
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Krisan, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1870 Woodside Cir
 City Commerce Township State MI Zip Code 48390-3922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Rating & Underwriting Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6EAB380B57404AF48E6
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Smith, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10058 King Rd
 City Davisburg State MI Zip Code 48350-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) SVP Qual & Risk Adj Prod & Svc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFEB27DF411DE400DA9C
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	749.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Browne, Phyllis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6116 Bishop
 City Lansing State MI Zip Code 48911-6204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A23DFE8CA5B104F2086E
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Winkler, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2888 Kilburn Ct
 City Rchstr Hls State MI Zip Code 48306-3025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A164CB5E92E9446D49CC
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Prettenhofer, Kurt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 Dover St
 City Ferndale State MI Zip Code 48220-3108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC57E314C04074CD1B95
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 273
	<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. Blazo, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6980 Crestwood
 City Dearbn Hts State MI Zip Code 48127-1998
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6F6C125934634390B89
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Mckinney, Monica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36350 Fredericksburg Rd
 City Farmington Hills State MI Zip Code 48331-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Customer Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4A4FAEA0603A4E1996D
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Modlin, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2312 Fort William Dr
 City Olney State MD Zip Code 20832-1665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Federal Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA3C6678E90CC4C3EB4A
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 273
	<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. Maier, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6061 Middle Lake Rd
 City Clarkston State MI Zip Code 48346-2047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Claims Enroll & Prgm Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A049D75F7C9BD4DA08FF
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Bennett, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24121 Rosewood
 City Oak Park State MI Zip Code 48237-2271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A074105E12D2048509AA
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Kangas-Kraft, Kristen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 S Swegles St
 City Saint Johns State MI Zip Code 48879-2321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF785BA367D0B4DB98E0
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Fullerton, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23528 Fordson Dr
 City Dearborn State MI Zip Code 48124-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0C27B2684A324CF89EB
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Lehto, Cheri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3530 Wakefield Rd
 City Berkley State MI Zip Code 48072-3453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Rating & Undwriting Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ABAE9CDA721ED4888AE8
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Porter Jr, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11451 Fairfield St
 City Livonia State MI Zip Code 48150-2778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6BA27E1E9E2C42C583F
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	378.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 273
	<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. Sudderth, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Nicole Circle
 City Okemos State MI Zip Code 48864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) VP, Strategy & Comm & COS, EM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt **07 / 21 / 2016**
Transaction ID : A3DB4340BCFE249F08CC
 Amount of Each Receipt this Period 58.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. OConnor, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38966 Mt Kisco
 City Sterling Heights State MI Zip Code 48310-3222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Medical Informatics Analyst Sr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : ACAB963D9AABE4BAA8C
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Radtka, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47305 Reene Dr
 City Belleville State MI Zip Code 48111-1067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LifeSecure Occupation (for Individual) VP Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 772.00

Date of Receipt **09 / 29 / 2016**
Transaction ID : A52280B29E4ED43B5B38
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	499.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 273
	<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. Fester, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62715 Pond Drive
 City Washington State MI Zip Code 48094-1333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Middle & Small Grp Busns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 522.00

Date of Receipt 09 / 01 / 2016
Transaction ID : AEBA47437FBBA4DD989F
 Amount of Each Receipt this Period 145.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Moss, Tiffany, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1032
 City Mount Clemens State MI Zip Code 48046-1032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4E1A2E9B1884487DBC1
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Pretzer Jr, Duane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30329 Iroquois
 City Warren State MI Zip Code 48088-5028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Enterprise Security
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A733D21BC6D0B479E8C2
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	397.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Lancione, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2463 Lost Creek Drive
 City Flushing State MI Zip Code 48433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, Premium Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 07 / 21 / 2016
Transaction ID : A0E0FC6AC65044AE0AE4
 Amount of Each Receipt this Period 58.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Rafaelian, Ara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 Crest
 City Ann Arbor State MI Zip Code 48103-4315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Ecv Business Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2E122EED989E483CA8D
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Phillips, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21985 Ember Ct
 City Grosse Ile State MI Zip Code 48138-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney Senior
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A657F89E84E844AE795F
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	387.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 273
	<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	<input type="checkbox"/> 17

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

A. Otis-Albert, Tiffany, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18920 Stonewater Blvd
 City Northville State MI Zip Code 48168-8560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP & Pres & CEO BCN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6A400469EAE8465EAD1
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Sekoni, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16590 Broadview Drive
 City East Lansing State MI Zip Code 48823-9628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) VP, Gnrl Audtr & Compliance EM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AEEDA906C486B4176858
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Shannon, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2849 Courville Drive
 City Bloomfield Hills State MI Zip Code 48302-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Auto Accounts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 522.00

Date of Receipt 09 / 01 / 2016
Transaction ID : AE4E4D92160B04ACE9B9
 Amount of Each Receipt this Period 145.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 273
	<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	<input type="checkbox"/> 17

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

A. Zelman, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 S Dorchester Ave
 City Royal Oak State MI Zip Code 48067-4047
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Project Mgr Product Analysis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA6F7B43333E4D1CA0B
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Marble, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1880 Golf Ridge Dr S
 City Bloomfield Township State MI Zip Code 48302-1737
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Mi Delivery System&support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A12A8033B42F540A19EA
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Varnier, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4139 Wakefield
 City Berkley State MI Zip Code 48072-3463
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney Senior
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A01EC5213493A4D6B887
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 273
	<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. Millard, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1072 Blue Ridge Drive
 City Clarkston State MI Zip Code 48348-4091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A92704B17D4CD4D8190C
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Matejka, Patrice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19520 Hillcrest
 City Livonia State MI Zip Code 48152-1723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A38A90495198D44879C9
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Reinhardt, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4103 Wagon Wheel Lane
 City Lansing State MI Zip Code 48917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, IT Service Delivery
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC9BEA2A1F9ED47F7B1D
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hetzel, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 635 McKinley St
 City Plymouth State MI Zip Code 48170-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A12B7DB6821F943869C9
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Lupinacci, Julia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1272 Greenbriar Ct
 City Wixom State MI Zip Code 48393-1596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC3D18321F2B04E5880F
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Baty, Brad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4733 Bluebird Court
 City Dexter State MI Zip Code 48130-9372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A654DE9294E5E4D04A43
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Zolkowski, Dan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Southlawn
 City East Lansing State MI Zip Code 48823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Assistant General Counsel III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3D86F0FB9D184C7E98D
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Stubbs, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5946 Vistamar Rd
 City Toledo State OH Zip Code 43611-1044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Actuary Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2CD474EDC4A8428B8E2
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Heikka, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1230 Beavertail Lane
 City Milan State MI Zip Code 48160-1197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE4D65465CE4B43428BD
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 273
	<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. McMahon, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60696 Lyon Trail South
 City South Lyon State MI Zip Code 48178-9058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Delivery Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD65DCE6C734F455E98A
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Holzhausen, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Wheeler Dr
 City Chelsea State MI Zip Code 48118-9224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A67A709F0C6F948C68B6
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Samuel, Constance, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42732 Gateway
 City Plymouth State MI Zip Code 48170-5410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 08 / 18 / 2016
Transaction ID : A3B2B2A8548B045F58FD
 Amount of Each Receipt this Period 180.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	432.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 273
	<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. Grenon, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 Clark Road
 City Ceresco State MI Zip Code 49033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, Investgtive Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB391658805844AB8A4B
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Barker, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4036 Chablis St
 City West Bloomfield State MI Zip Code 48323-3027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9108D60C27DB4CDB82F
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Keith, Tricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1918 Lloyd Ave
 City Royal Oak State MI Zip Code 48073-3803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) EVP Chief of Staff & Corp Sec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ADBCEB7FAFE4F42208E6
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 273
	(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

A. Sowulewski, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11949 Schavey Rd.
 City Dewitt State MI Zip Code 48820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, EE & Labor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5B28FEA6AED144C895D
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Kendra, Korin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 S Lafayette
 City Dearborn State MI Zip Code 48124-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE74030B46F9E4C61A0B
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Gabriel, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56317 Ashbrooke Dr W
 City Shelby Township State MI Zip Code 48316-5582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A12174B2EEA4C4C0C929
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 273
	<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	<input type="checkbox"/> 17

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

A. Loepp, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1953 Evergreen St SE
 City Grand Rapids State MI Zip Code 49506-4115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A04799011BFC6401E870
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Lee, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3244 Parker Dr
 City Royal Oak State MI Zip Code 48073-6917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AAC021562305C4632BA4
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Kipa, S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4774 Avondale Terrace
 City Blmflld Hls State MI Zip Code 48304-3602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7521AF70334543CEA35
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 273
	<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	<input type="checkbox"/> 17

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

A. Bridgeman, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 687 Chestnut Dr
 City Wixom State MI Zip Code 48393-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Clinical Program Oper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC38ED4C5050E4C09B2E
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Stephens, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6535 Chirrewa
 City Westland State MI Zip Code 48185-2806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A91EB7AD4F31A4D70B0F
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Sepuha, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Willowmere Dr
 City South Barrington State IL Zip Code 60010-6151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sr Dir IT Production Office
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A59051F3B52D94F02A41
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 273
	<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. Westphal, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8272 Concord Rd
 City Grosse Ile State MI Zip Code 48138-1311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Workforce Optimization
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE945900DC1D249F5904
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Cook, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 Lone Oak Dr
 City Mason State MI Zip Code 48854-8714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Govt Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8B57D9A66E154C2591D
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Huddy, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40836 Knightsford Rd
 City Northville State MI Zip Code 48168-2300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Actuarial Svcs & Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A203DB8CA352340DFB69
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 273
	<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	<input type="checkbox"/> 17

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

A. Gillespie, Phillip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1731 Cranston Ct
 City E Lansing State MI Zip Code 48823-2248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Bus & Program Dev &Reg Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A05239E3C51DD404F8F4
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Roy, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12525 Burlingame Drive
 City DeWitt State MI Zip Code 48820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Nurse Case Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA55CF809CD0549EB9EE
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Plies, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48990 Veneto Dr
 City Northville State MI Zip Code 48167-9385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Corporate Planning
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9304DFE186C44218871
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	756.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lake Kerr, Darcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10700 Sunfield Road
 City Sunfield State MI Zip Code 48890-9746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) SVP, Human Resources, EM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9AC0AE648F7347B5917
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

B. Redick, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14830 Belmont
 City Allen Pk State MI Zip Code 48101-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6411BAA2ECB140F6AD6
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Collins, Marianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3113 Exeter Dr
 City Milford State MI Zip Code 48380-3233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3E6B0E5B9F2B4D55956
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	672.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Matthews, Walter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12726 Mahogany Way
 City Dewitt State MI Zip Code 48820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, Rsrving & Reinsurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A609456B9E07142B3BA0
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Bojman, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15971 Jeanette
 City Southfld State MI Zip Code 48075-2012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A33C0008E46E04927AFD
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Line, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1145 Leinbach Avenue
 City Bloomfield Hills State MI Zip Code 48302-0036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sr Dir Corporate Procurement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA00B4A8808174F7E81C
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 273
	<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. Lieblang, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22337 Tenny
 City Dearborn State MI Zip Code 48124-2744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3A3666A10E1A48599BE
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Pedigo, Sondra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39906 Mazuchet Dr
 City Harrison Township State MI Zip Code 48045-1665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Bs Dta Gvrnc & Mkp Rg Op
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4169007DB92F45FFA71
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Sobel, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1579 Crestline Dr
 City Troy State MI Zip Code 48083-5502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A520FE3BC337A40D1A93
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 273
	<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. Hayenga, Neal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6108 Bishop Rd
 City Lansing State MI Zip Code 48911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3F4AB6CD7E0E4C1CBE
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

B. Lague, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1260 Thread Vly
 City Holly State MI Zip Code 48442-9729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Enterprise Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8256DBD2139D467EBAC
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Phillips, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40101 W Huron River
 City Romulus State MI Zip Code 48174-4811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Admin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC0F2D2E094E449EA9C4
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	357.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 273
	<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. Schrot, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36242 Jared
 City Strlg Hts State MI Zip Code 48312-3237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Administrative Mgr - BCN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA42AFB49ED454638A28
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Bridges, Ja'Ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19538 Granite Dr
 City Macomb State MI Zip Code 48044-1773
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Fin Plan & Perf Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A21CD138FF4E4481C83E
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Gunal, Ali, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3560 Sturbridge Ct
 City Ann Arbor State MI Zip Code 48105-2839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AAFED504637BC4803989
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 273
	<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. Swanson, Dean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 86 Webb St
 City Troy State MI Zip Code 48098-4632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6E34755F72C447608D8
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Popiela, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36365 Parklane Circle
 City Farmingtn State MI Zip Code 48335-4210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFCFD4EBCFB5D40FE84A
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Gipson, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33983 Brittany Dr
 City Farmington Hills State MI Zip Code 48335-1427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Corporate Audit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A467465E79C124263A65
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	749.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 273
	<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. Jurcisin, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47652 Pine Creek Ct
 City Northville State MI Zip Code 48168-8527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Med Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA6CD340B127F40528E3
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Pye, Reuben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22200 Green Hill Rd Apt 104
 City Farmington Hills State MI Zip Code 48335-4361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Analyst - Senior
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A416EE0F8BC8A43B4AAB
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

C. Winters-Smith, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29779 Rutherland
 City Southfield State MI Zip Code 48076-5855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Rgn Sales Mid & Small
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A938A71CB759144F499D
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	511.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 273
	<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. Parker, Ella, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11423 Hunters Meadow Dr.
 City Allendale State MI Zip Code 49401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, AG Counsel III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AEB9151FC022547AF8F7
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Sinning, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25232 Surrey Lane
 City Farmington Hills State MI Zip Code 48335-2041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Exec Compensation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF18524B15DB540989CF
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Morley, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5455 Maple Ridge
 City Haslett State MI Zip Code 48840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5B632E8903D94A07920
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	469.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 273
<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. O'Neal, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1824 Tahoe Ct.
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1F95B41967764D1C9AE
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Goheen, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46655 Pinehurst Cir
 City Northville State MI Zip Code 48168-8488
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A958A5250C59E48E2842
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Riddle, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7269 Pine Vista
 City Brighton State MI Zip Code 48116-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) VP, Claims & Med Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 04 / 2016
Transaction ID : A02F02C3CEAF94347812
 Amount of Each Receipt this Period 135.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	653.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 273
	<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	<input type="checkbox"/> 17

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

A. Martz, Adele, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1373 Gloucester Ct
 City Commerce Township State MI Zip Code 48390-2281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director Entrpse Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 07 / 21 / 2016
Transaction ID : A1EC0801BE9284DBCACI
 Amount of Each Receipt this Period 58.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Beaverson, Corrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12219 Landers Dr
 City Plymouth State MI Zip Code 48170-3549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director- Talent Acq
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A32A31FD5244C4153B2F
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Karam, Susanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1752 Bellwood Ct
 City Bloomfield State MI Zip Code 48302-2602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Actuary Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 08 / 18 / 2016
Transaction ID : AFD008FF008EA4938BB6
 Amount of Each Receipt this Period 72.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	256.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 273
	<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	<input type="checkbox"/> 17

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

A. Robertson, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31264 Lund Ave
 City Warren State MI Zip Code 48093-7917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A37E0A445816C447CAD3
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Siegel, Jodi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9986 Sedlock
 City White Lake State MI Zip Code 48386-2865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6DB13B7ECA554CF18E4
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Smith, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 260 Guilford Rd
 City Bloomfield Hills State MI Zip Code 48304-2737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) SVP Senior Health Servcs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3AC95FAC869144FE8AD
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	749.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 273
	<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	<input type="checkbox"/> 17

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

A. Nelson, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23928 Devonshire Dr
 City Novi State MI Zip Code 48374-3758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AEB8EFCEA6050472C97F
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Foote, Bert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4335 West Pointe Drive
 City Waterford State MI Zip Code 48329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Regional Dir, Bus Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3B3D072C578C477E9E1
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Winters, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6423 Munger Road
 City Ypsilanti State MI Zip Code 48197-9014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0F9B8A67DE964F4A92E
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 273
	<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. Berletich, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1938 Grayslake Dr
 City Rochester Hills State MI Zip Code 48306-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7302544BCC894CF7932
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Sawdon, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1091 N Oxford Rd
 City Grosse Pointe Woods State MI Zip Code 48236-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Corp Bus Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3B0C5192D3B14CF68B6
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Bolton, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21706 Chase Dr.
 City Novi State MI Zip Code 48375-4766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC6EA537259A04E779A4
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 273
	<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. Mitchell III, Dominick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41500 Ladywood Ct
 City Northville State MI Zip Code 48168-2342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Rating & Underwriting Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A56215521261A4D4DBD0
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Hurlbutt, Merrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5604 Wood Valley
 City Haslett State MI Zip Code 48840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5F63724C2C3F4C65AC0
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Lee, Kamee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49689 S. Glacier
 City Northville State MI Zip Code 48168-6828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A426B151677FD4127ABA
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 273
	<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. Monroe, Erika, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15531 Brookstone Dr
 City Clinton Township State MI Zip Code 48035-1060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Actuarial Pricing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB007E3E800E04269A7F
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Walker, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26192 Summerdale Dr Bldg 12 Unit 92
 City Southfld State MI Zip Code 48033-6135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir - Human Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A35196804FE2D4F1CA66
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Laethem, Carla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Oak Ave Apt 203
 City Birmingham State MI Zip Code 48009-1389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Hlth & Medical Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ADBE242D48A724D808C3
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 273
	<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. Noxon, Gerald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16161 Hubbard St
 City Livonia State MI Zip Code 48154-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4288D719159F4E75968
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Nowell III, Harry, , , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 598 Longfellow Dr
 City Troy State MI Zip Code 48085-4815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACF552D0E1A75401E913
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Cesarz, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18525 Shadyside St
 City Livonia State MI Zip Code 48152-3245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE6C2AB0A31C04B0389D
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 273
	<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. Share, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 Fair Oaks Parkway
 City Ann Arbor State MI Zip Code 48104-3628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) SVP Value Partnerships
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AAAE73D874D5D4FA3816
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

B. Connolly, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12500 Bluff Hollow Trail
 City Traverse City State MI Zip Code 49686-8648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) SVP Grp Bus & Pres WMUP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A002366CBDB524772A89
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

C. Hurd, Bridget, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25306 St. James
 City Southfield State MI Zip Code 48075-1243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sr Dir Diversity & Inclusion
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3E0A5D95A2A84939A4E
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1043.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 273
	<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	<input type="checkbox"/> 17

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

A. Phillips, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8697 North Hills Court

City Howell	State MI	Zip Code 48843-6126
----------------	-------------	------------------------

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

Name of Employer (for Individual) Accident Fund Holdings, Inc.	Occupation (for Individual) SVP, CRO & Chief Actuary, EM
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : AA0D99E09345F48ACAC8

Amount of Each Receipt this Period
420.00

Memo Item
Payroll Deduction: \$60.00/Bi-Weekly

B. White, Gretchen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1947 Chestnut St

City Holt	State MI	Zip Code 48842-6605
--------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Michigan	Occupation (for Individual) Sr Manager - Account
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : AC6A07160DE12403E8D9

Amount of Each Receipt this Period
126.00

Memo Item
Payroll Deduction: \$18.00/Bi-Weekly

C. Samuels, Michele, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29203 Bradmoor Ct

City Farmington Hills	State MI	Zip Code 48334-3270
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Michigan	Occupation (for Individual) SVP Gnrl Aud & Corp Compliance
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : AD4D2F4548FD74D69B1A

Amount of Each Receipt this Period
420.00

Memo Item
Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	966.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Woodward, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23993 Thorn Dr
 City Flat Rock State MI Zip Code 48134-6038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9404F38DE05B480E993
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Buch, Matangi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3957 Breckinridge Dr
 City Okemos State MI Zip Code 48864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, IT Intgrtd Portfolio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1AD82725917E40E6856
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Bellamy, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 Lakepointe
 City Grosse Pointe State MI Zip Code 48230-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A828F12A28A7041BDB39
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 273
	<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. Notter II, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26170 Hersheyvale Dr
 City Franklin State MI Zip Code 48025-1235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir IBU Mktg & Distribution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A25BFFD69E03E4DD8BB3
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Porter, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14226 Deering
 City Livonia State MI Zip Code 48154-4618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Talent Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF33E42F0DA114598B3B
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Rayburn, Charlene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32119 Willow Way
 City Chesterfield State MI Zip Code 48047-4538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A967E859093A64FC1B9E
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 273
	<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. Rubleski, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4045 Forest Point Dr
 City Norton Shores State MI Zip Code 49441-4680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9431361C5714409785A
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Whiting, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5781 Harlowe
 City Shelby Township State MI Zip Code 48316-3240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD99140B77CBA4683B72
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Keshishian, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Svp & Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A69B1C92511C04CF78A0
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	749.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 273
	<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. Richardson, Amy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20981 Laser Ln

City South Lyon	State MI	Zip Code 48178-9222
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Michigan	Occupation (for Individual) Manager Customer Service
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
09 / 29 / 2016
Transaction ID : A2F0BEE3019CF4C09A22

Amount of Each Receipt this Period
126.00

Memo Item
Payroll Deduction: \$18.00/Bi-Weekly

B. Mounsey, Troy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12632 Oneida Woods Trail

City Grand Ledge	State MI	Zip Code 48837
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Accident Fund Holdings, Inc.	Occupation (for Individual) Regional Dir, Bus Development
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 29 / 2016
Transaction ID : A959589CE1E134D83843

Amount of Each Receipt this Period
140.00

Memo Item
Payroll Deduction: \$20.00/Bi-Weekly

C. Brandt, Christina, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 364

City Bath	State MI	Zip Code 48808
--------------	-------------	-------------------

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

Name of Employer (for Individual) Accident Fund Holdings, Inc.	Occupation (for Individual) Manager, IT Quality Assurance
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
342.00

Date of Receipt
09 / 29 / 2016
Transaction ID : A15A80A177F994FD89B3

Amount of Each Receipt this Period
126.00

Memo Item
Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	392.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Joshi, Ketan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3963 Shallow Brook Dr
 City Bloomfield Hills State MI Zip Code 48302-1562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ABA6B69EDF9974C4FA00
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

B. Bulmer, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11321 Morgan Street
 City Plymouth State MI Zip Code 48170-4436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7C1F48CBA5D24574A2C
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Ziegler, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2150 Langham
 City W Blmfd State MI Zip Code 48323-3842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB92B9E1BE54C40A7B3D
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	392.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Eckert, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2595 Parkway PI
 City Hartland State MI Zip Code 48353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, Loss Control
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2B9420D0B63945D9A1B
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Crosby, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23764 Copperwood Dr E
 City South Lyon State MI Zip Code 48178-8269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir BCN Port/Proj Mgt Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AEC54FE3A1F994B9086F
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Taiym, Said, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6044 Marietta Way
 City East Lansing State MI Zip Code 48823-9227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) VP, Chief Information Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF1410B2255B74AEEAAF
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 273
	<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. Samuel, Shibu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3096 Eastpointe Ct
 City Rochester Hills State MI Zip Code 48306-2928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Consultant Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5D9BF0C36A294F86B71
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Gemmel, Derek, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31460 Adora Ln
 City Flat Rock State MI Zip Code 48134-3330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4FBC6626FB334CBCA98
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Mallett, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10442 Hart Ave.
 City Huntington Woods State MI Zip Code 48070-1128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8359F81AE57645E186E
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	378.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 273
	<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. Keesee, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3400 E Coon Lake Rd
 City Howell State MI Zip Code 48843-9420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir - Human Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A26E946AF5A534206B91
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Dexter, Dell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 191 Village Way
 City Canton State MI Zip Code 48188-3449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE7EE4AE055954210A6E
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Reynolds, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 Hillcrest Ave
 City Grosse Pointe Farms State MI Zip Code 48236-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A385AF9165CE748D2893
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 273
	<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. Rapson, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2392 Shawnee Trl
 City Okemos State MI Zip Code 48864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD331CCA199774A25A1A
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Lewis, Crystal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22280 Ivanhoe Lane
 City Southfield State MI Zip Code 48034-5113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1B5915C07DFB4D4D83F
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Britt, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5439 Timberbend Drive
 City Brighton State MI Zip Code 48116-4796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) President Af Ins Co Of America
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A66878F70A0B743278B7
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	672.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Brown-Cadovich, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 356 Falling Brook Dr
 City Troy State MI Zip Code 48098-4646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A26F5D8AF96044548854
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Swanigan, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7075 ST ANDREWS DR
 City Ypsilanti State MI Zip Code 48197-9508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Project Manager Senior
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AEA3F977A1E8043EDB09
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Tomenello, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38563 Lakeshore Dr
 City Harrison Township State MI Zip Code 48045-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7C4051E220CE4F458B9
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 273
	<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	<input type="checkbox"/> 17

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

A. Turman, Denise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19532 Bretton Drive
 City Detroit State MI Zip Code 48223-1269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AEC85C0B9A5BB4026B60
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Fritsch, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4150 Gotwick
 City Orion Twp State MI Zip Code 48359-1888
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A96E9E8867C294E18AF3
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Magnotta, Alexis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23025 Avalon
 City St Clair Shores State MI Zip Code 48080-2481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3C56AC8A8C8B474BABB
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 133 OF 273
	(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

A. Svoboda, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8015 Dixie Hwy
 City Ira State MI Zip Code 48023-2548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF62FF41663C44A01843
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Cunningham, Earline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28170 Shenandoah
 City Southfield State MI Zip Code 48076-5588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director Corp Compensation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A786C06B9BBD747DCB5C
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Hans, Holly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2580 Winding Ridge Trl NE
 City Rockford State MI Zip Code 49341-9197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Claims Administration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A637E8EE6C4114B878FA
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	469.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 273
	<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. Blachut, Constance, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 787 Deer Court
 City Plymouth State MI Zip Code 48170-1743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Ecv Business Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF9AD3B9B73244DBB95C
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Richter, Fred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48777 Pebble Lane
 City Novi State MI Zip Code 48374-2741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA6F7F93E861F46C8889
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Klobucar, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2766 Addison Cir N
 City Rochester State MI Zip Code 48306-4912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) EVP Health Care Value
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE6EAFAFAC49F470DA2B
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	672.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 273
	<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. Arambula, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2020 Palmer Dr
 City Wixom State MI Zip Code 48393-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A443EBF7DE8674157BA6
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Scott, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2939 Muirwood Ct
 City Waterford State MI Zip Code 48329-2396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A84EFA1DBF8394B9E959
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Borgula, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35831 Candlewood
 City Sterling Heights State MI Zip Code 48312-4125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A069AE5510C29470396F
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 273
	<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. Redding, Jacquelyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6368 Morland St
 City Erie State MI Zip Code 48133-9624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8F0DBE3577384DF9B10
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Quinn, Sophia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 Tuscan Dr
 City Portage State MI Zip Code 49024-9109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA916C7E1E23E48218EC
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Parker, Gwendolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48165 Liberty Dr
 City Shelby Twp State MI Zip Code 48315-4061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A23D5F797A4714F5786F
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 273
	<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. Hartman, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3101 Avalon St
 City Lansing State MI Zip Code 48911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Indmnty & NM Payments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4C57E88EB1E04BAE914
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Frenzel, Amienne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4591 Covered Bridge
 City Bloomfield Hills State MI Zip Code 48302-1831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Service Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6C4701410F0D456AA26
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. McKenzie MD, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6178 Notre Dame Blvd
 City Washington State MI Zip Code 48095-1848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8FA2E5A84D3C4D9597D
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Adams, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37735 Evergreen Dr.
 City Strlg Hts State MI Zip Code 48310-3930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Engineer Technical Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A33711C699DCD4E80883
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. White, Toni, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42214 Trent Dr
 City Canton State MI Zip Code 48188-1297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9D311ED71F5547CFBAF
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Drate, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 722 Albany
 City Ferndale State MI Zip Code 48220-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Commercial Govt Bus Cons
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0D98332821F94BCF83D
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 273
	<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	<input type="checkbox"/> 17

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

A. Trezil, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17560 White Pine Ct
 City Northville State MI Zip Code 48168-4358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5AE4A339ED9B4C8195E
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Foster, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Washington Rd
 City Grosse Pointe State MI Zip Code 48230-1292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8D24048D3673401395C
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Ewing, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44282 Nowland Dr
 City Canton State MI Zip Code 48188-1792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB01BC3A4158B4ADDAD
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 273
	<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	<input type="checkbox"/> 17

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

A. Nicholas, Marla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 Mohawk
 City Dearborn State MI Zip Code 48124-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1C8724F5FA8F4CA589C
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Knight, Debora, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43575 Geri Dr
 City Canton State MI Zip Code 48187-4907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Team Leader II - SvcOpsConCtr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A231BA4E2955C4C17A5A
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Winder, Lablance, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31867 Hoover Rd
 City Warren State MI Zip Code 48093-1717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA1D579CB38584CF1AC4
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	378.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 273
	<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. Williamson, Qunita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5700 Haag
 City Lansing State MI Zip Code 48911-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3500AD60D5A349B38D8
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

B. Huseltine, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22112 Love St
 City St Clair Shores State MI Zip Code 48082-2474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A707B4F64AD0A492CAAB
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Overton, Arva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37404 Legends Trail Dr
 City Farmington Hills State MI Zip Code 48331-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-key Account
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1E3932BF447A4B6C955
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	357.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 273
	<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. Vunnam, Rajesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24436 Chippewa
 City Farmington Hills State MI Zip Code 48335-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sr Director BCN IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AAAB00FC6455A438C8FC
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Beauregard, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10390 Palmer Rd
 City Maybee State MI Zip Code 48159-9713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9C9D04F371E34057BED
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Combs, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45765 Fermanagh Dr
 City Northville State MI Zip Code 48168-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Pharmacy Srvcs Bus Perfm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA8F211752EC7474FB0E
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 273
	<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	<input type="checkbox"/> 17

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

A. Cash, Gerriln, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 942 Wolverine Dr
 City Wolverine Lake State MI Zip Code 48390-2376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sr. Dir COE Quality Pgm & Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3DFA0082BE664F6082C
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Lord, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17060 Martin Rd
 City Roseville State MI Zip Code 48066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A20643A130CD24CC0BB9
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Smith, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11536 Aspen Dr
 City Plymouth State MI Zip Code 48170-4597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ABF1022BC438446348D6
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 273
	<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. Phillips, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 Sylvanwood Dr
 City Troy State MI Zip Code 48085-3128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Administrative Mgr - BCN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8ECC1C7E735340AFB38
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Westphal, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8115 Berkshire
 City Grosse Ile State MI Zip Code 48138-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Analyst - Senior
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA0B4ADA2535745CB89A
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Bissonette, Emma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32417 Desmond
 City Warren State MI Zip Code 48093-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A40BAB5FF0FEB44778F8
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 273
	<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. Bekheet, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4228 3 Oaks Dr APT. 1B
 City Troy State MI Zip Code 48098-4528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Strategy Perf Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB35DBFCDE2D74E60811
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Dee, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44879 Lindbergh
 City Novi State MI Zip Code 48377-1396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1162E754B66D4FB08EF
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Wojnar, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32948 Hees
 City Livonia State MI Zip Code 48150-3773
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Delivery Manager I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC38F393C353F44238B9
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 146 OF 273
	(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

A. Jones-Schneider, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 Chelsea Blvd
 City Oxford State MI Zip Code 48371-6729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A847C2C5DDD6E4EC39AA
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Dusute, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29762 Bayview
 City Grosse Ile State MI Zip Code 48138-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0B17C1DD06E6404B80B
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Crawford, Seth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28736 Stonewall Court
 City Novi State MI Zip Code 48377-2720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Large & Mid Grp Underwrtng
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFEB24407CDD440758AC
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 273
	<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. Cantara, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2710 Seymour Lk Rd
 City Oxford State MI Zip Code 48371-4238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA8162B73D08C4AAE9DC
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Byars, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5067 Maceri Circle
 City Sterling Heights State MI Zip Code 48314-4076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Human Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A65228492979047BA8FA
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Scholten, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1776 Kahres
 City Holt State MI Zip Code 48842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, CC & Media Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1AF47699CC9948B8BEB
 Amount of Each Receipt this Period 210.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 273
	<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. Kallas, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5889 Westchester Ct
 City Rochester State MI Zip Code 48306-2388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Finance & Treasurer BCN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A29A0428FAE864715AA6
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Wotlinski, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3740 High Grove Way
 City Lake Orion State MI Zip Code 48360-1572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney Senior
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A66EAE76DC23D4D12995
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Ennis, Marsha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1161 Balfour St
 City Grosse Pointe Park State MI Zip Code 48230-1326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5C5831990437456DAE9
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 273
	<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. Pace, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9608 Hubert
 City Allen Park State MI Zip Code 48101-1302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Rating & Underwriting Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB0E5758435D445CC9BB
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Holland, Dean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4207 Barton Rd
 City Lansing State MI Zip Code 48917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) VP, Claims Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A83E03FDACDB44D7BA11
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Goodyear, Finnette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11398 White Oak Dr
 City Shelbyville State MI Zip Code 49344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Business Analysts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE0C3A70321C546378F8
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	546.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 273
	<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. McCleary, Lorelee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3753 Ivy Lane
 City Dewitt State MI Zip Code 48820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Knowledge
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB6A4B80EA2E345DF909
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Lamb-Stovall, Beverly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5711 Branford Dr
 City W Bloomfield State MI Zip Code 48322-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A568EDE6B0DDE40F88BA
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Walton,Carolynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5835 Pinecroft Dr.
 City W Blmflid State MI Zip Code 48322-1669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP & Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A607405EE7D244C26A5B
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dilella, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21660 Summerfield Drive
 City Macomb State MI Zip Code 48044-2287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Strategy & Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6E58BF146AC84A2F9F0
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Martin, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1447 W Hazelhurst St
 City Ferndale State MI Zip Code 48220-3121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Provider Outreach
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2B8A1CAF6BA1450E917
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Keener, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 823 W Oakridge
 City Ferndale State MI Zip Code 48220-2753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD44C7BAC37CA434FBDA
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 273
	<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. Soyemi, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32151 W 12 Mile Rd
 City Farmington Hills State MI Zip Code 48334-3502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-key Account
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1423E0A6B3C743168A1
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Maslowski, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 N Military St
 City Dearborn State MI Zip Code 48124-1034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A899CD189C7084ABB880
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Ganos, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 Abbey Wood Drive
 City Rochester State MI Zip Code 48306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Assistant General Counsel li
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A33D571E3D83B4BE2969
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Grinsteiner, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 Amelia Ln
 City Kingsley State MI Zip Code 49649-8620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB9B8F199237741AEA13
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Mays, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33865 Trillium Court
 City Livonia State MI Zip Code 48150-3685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A35986FE3D2744622B56
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Westen, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46131 Winston Drive
 City Shelby Township State MI Zip Code 48315-5615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ADA05235772FA49E2B3C
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Hotchkiss, Cheri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1629 Lake Dr SE
 City Grand Rapids State MI Zip Code 49506-2860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Service Center Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A142DA823441F40BEB15
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Fava, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1094 Whisper Way Ct
 City Troy State MI Zip Code 48098-4419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A83217863F41843D9974
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Geis, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 976 Sunset Dr
 City Waterford State MI Zip Code 48328-4075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A19C0CCFDE87B49649C1
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 273
	<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. Begosa, Rodester, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34270 Trillium Court
 City Livonia State MI Zip Code 48150-3689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1C1B76F8E6374707B05
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Lewis, Orin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5827 Applewood Apt 802
 City West Bloomfield State MI Zip Code 48322-3479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5ACF29B15F044548804
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Lynem-Walker, Gina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7043 Alta Vista Dr
 City West Bloomfield State MI Zip Code 48322-2772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Physician Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA8A7C7D91CDB42119F1
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	581.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 273
	<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. Chandra, Rishi, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18052 Curtis Ct

City Livonia	State MI	Zip Code 48152-3589
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Michigan	Occupation (for Individual) IT Manager II
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : A31F57FEBA1044479858

Amount of Each Receipt this Period
126.00

Memo Item
Payroll Deduction: \$18.00/Bi-Weekly

B. Irick, Elizabeth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 703 N Highland St

City Dearborn	State MI	Zip Code 48128-1654
------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Michigan	Occupation (for Individual) Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : A2D7A4015E0B8450BBC0

Amount of Each Receipt this Period
203.00

Memo Item
Payroll Deduction: \$29.00/Bi-Weekly

C. Loepp, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 582 Pierce St

City Birmingham	State MI	Zip Code 48009-1752
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Michigan	Occupation (for Individual) President & CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : AE1B168B0DB7443A597C

Amount of Each Receipt this Period
420.00

Memo Item
Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	749.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 273
	<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	<input type="checkbox"/> 17

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

A. Brister, Luzine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17145 Strathmoor
 City Detroit State MI Zip Code 48235-3919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB2D5908D3EB44F38AD9
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Bartscht, Dayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4779 Five Mile Rd
 City Ann Arbor State MI Zip Code 48105-9421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Strategy Perf Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AAA143FE097B54B0DB5B
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Mills, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37753 Chase Ct
 City Livonia State MI Zip Code 48150-5040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC7AB272906F04E2B8A0
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Williams, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43971 Columbia Dr
 City Clinton Twp State MI Zip Code 48038-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA5EDBF53E6BE455E903
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Schafer, Jane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1244 Yuma Ridge Dr SW
 City Byron Center State MI Zip Code 49315-8071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Claims Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A53F912D906554C39A09
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Daly, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3299 Jasper Ct
 City Troy State MI Zip Code 48083-5780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF8396DBF306940B9BDB
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 273
	<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. Byers, Tonya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10331 Dartmouth
 City Oak Park State MI Zip Code 48237-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE017A6888E1B4A49B52
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Driessche, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6026 Meadowlark St NE
 City Rockford State MI Zip Code 49341-9221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Mgr- Employee & Labor Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2DC7B75DA17643618B0
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Gnesin, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5669 Walnut Ridge Court
 City West Bloomfield State MI Zip Code 48322-2089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A46DBD20F86D2435CB2E
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 273
	<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	<input type="checkbox"/> 17

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

A. Silvaggi, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Winclare Dr
 City Tecumseh State Zip Code N8P 1H5
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB53B0570F8B04C0E9BE
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Selden, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11310 Melrose St
 City Livonia State MI Zip Code 48150-2847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A890346A47F4A465F821
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Alden, Kathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 Kensington
 City Lansing State MI Zip Code 48910-2854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5DF62CA9B45244139AC
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Armstrong, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1363 North Creek Dr
 City Wixom State MI Zip Code 48393-1638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Sales Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACCA1EAA2C8CA4EBFA1
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Foster, Elaine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10180 Creekwood Circle
 City Plymouth State MI Zip Code 48170-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3A5558BF9B894B18A09
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Henderson, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14007 Kahla Drive
 City Belleville State MI Zip Code 48111-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney Senior
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A88C9ADED0966423EAE5
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 273
	<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. Ebersole-Wood, Marissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6218 Valleyfield Dr
 City Plymouth State MI Zip Code 48170-7620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC8A6AF8E401D4E78909
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Schoenjahn, Curtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3660 Seney Dr
 City Lake Orion State MI Zip Code 48360-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Rating & Underwriting Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD39C6670C48E4E48833
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Pate Jr, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 Church Place
 City Trenton State MI Zip Code 48183-2192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ABE047EB0ADAF43458D7
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 273
	<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. Simmer, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4975 S Ridgeside Circle
 City Ann Arbor State MI Zip Code 48105-9447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Svp & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A15F37E737B9A48CCBDF
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

B. Bullock, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17547 Parkside Street
 City Detroit State MI Zip Code 48221-2716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A93BBE3AE4F9347D280B
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

C. Feinbaum, Bart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5198 Shenandoah Ct
 City West Bloomfield State MI Zip Code 48323-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney Senior
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5AC98E0D6EA44F98B46
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 273
	<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. Anderson, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10653 Corkery Ln
 City Grand Ledge State MI Zip Code 48837-9522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A186ACA786B974A45838
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. DiFranco, Duane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11817 Hunters Creek Ct
 City Plymouth Township State MI Zip Code 48170-2822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sr Medical Director BCN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 518.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A07BB9BD75CC34FC3BD4
 Amount of Each Receipt this Period 259.00
 Memo Item
 Payroll Deduction: \$37.00/Bi-Weekly

C. Fontaine, Lee Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2110 Waite Ave
 City Kalamazoo State MI Zip Code 49008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, AG Counsel III
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A24D273C01AE74A958B2
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	588.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 273
	<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. Stiak, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1540 West Chestnut Apt 2
 City Chicago State IL Zip Code 60642-5205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 406.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE9996FEC082D42E1830
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Shaqiri, Kush, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1036 Bedford Rd
 City Grosse Pointe Park State MI Zip Code 48230-1409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Strategy Perf Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7739B608D48044B1B18
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Case, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9370 Big Hand Rd
 City Columbus State MI Zip Code 48063-3013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney Senior
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A21CB72E35769434983E
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	532.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 273
	<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. Prichard, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4315 Shady Hill Lane
 City Lansing State MI Zip Code 48917-1661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Chief Oper Officer LS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7C19B7DA201C4313B16
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Kuks, Julia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1073 Magnolia
 City Inkster State MI Zip Code 48141-1731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Sales Infrm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A93FC92895C174A3A8A1
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Barkell, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8171 Brookville Rd
 City Plymouth State MI Zip Code 48170-5005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) SVP Health Care Value
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD5EB4D89D4A040C6A2A
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	861.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 273
	<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. Benoit, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34921 25 Mile Road
 City Chesterfield State MI Zip Code 48047-2746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFF7B4D7523494B9484A
 Amount of Each Receipt this Period 203.00
 Memo Item
 Payroll Deduction: \$29.00/Bi-Weekly

B. Sondhi, Vinti, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29325 Kennedy Ct
 City Farmington Hills State MI Zip Code 48331-2353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA1696B0BF7FD43ABBF6
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Siebers, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6563 W Via Vista Ct NE
 City Rockford State MI Zip Code 49341-9695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Claims Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0DCD17BD558F4B42A98
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	644.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 273
	<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. Ford, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5928 Bayberry Farms Drive
 10
 City Wyoming State MI Zip Code 49418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5BD93E636118420F980
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll Deduction: \$15.00/Bi-Weekly

B. Hambright, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1992 Franklin Rd
 City Berkley State MI Zip Code 48072-1889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Mgr Provider Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1F7C9D9D1A0C422F901
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Nichols, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2219 Holliday Dr SW
 City Wyoming State MI Zip Code 49519-4238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Service Center Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A36A14E6C6F8C46B4B51
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	287.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 273
	<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. Bussone, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28121 Forestbrook Dr
 City Farmington Hills State MI Zip Code 48334-5210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) BCN Prov Aff Oper Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE7B1CCA1A6954005AD6
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Spath, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36310 Gregory
 City Sterling Heights State MI Zip Code 48312-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5D8A93502AF14FA9BD6
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Henderson, Brenton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47485 Putney Ct
 City Canton State MI Zip Code 48188-6266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ADB669A304A4F41F886F
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 273
	<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. Keller, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35225 Hillside Dr
 City Farmington Hills State MI Zip Code 48335-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Rating & Underwriting Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0FB9451C5F6B4730870
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Jacobs, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 Jamestown Drive
 City White Lake State MI Zip Code 48386-4369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Rating & Underwriting Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A188E6D66FA8C4802937
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Dewan, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6336 Thurber Rd
 City Bloomfield Hills State MI Zip Code 48301-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Bus Devel & Prod Support
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A272FC530E418425B915
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 273
	<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. Sutherland, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22005 CUSHING AVE
 City Eastpointe State MI Zip Code 48021-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sales Force Training Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A48F96195C49741049EB
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Quigley, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29226 Manhattan St.
 City Saint Clair Shores State MI Zip Code 48081-1104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE2C586E9B1264395B3F
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Tew, Theresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3550 Charter Place
 City Ann Arbor State MI Zip Code 48105-2823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AAF9C2AD12A494C41B19
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 273
	<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. Meyers, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13067 Addington Drive
 City Dewitt State MI Zip Code 48820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Enterprise Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A13BA44F044E542D0A21
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Jeakle III, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 Ridgeview Circle
 City Lake Orion State MI Zip Code 48362-3441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Commercial Govt Bus Cons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA81103DE85064798B4F
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Lashbrook, Aimee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1325 Burcham Dr
 City East Lansing State MI Zip Code 48823-3604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 09 / 01 / 2016
Transaction ID : A790AF1527C65416EB5F
 Amount of Each Receipt this Period 65.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	247.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 273
	<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. Wherrett, Theresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46533 Polo Drive
 City Canton State MI Zip Code 48187-1686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Finance Business Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFF492F07AC2941E59D9
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. McKay Jr., Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6199 Springborn Rd
 City China Township State MI Zip Code 48054-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Portfolio Mgr Key & Lgr Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4493E17CB5584A099FD
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Ward, Libbie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 256 Withington St
 City Ferndale State MI Zip Code 48220-1728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager HR Business Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0E9FE1E08C7043B2917
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Zuschlag, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3976 Wexford Dr
 City Wixom State MI Zip Code 48393-1193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Commercial Govt Bus Cons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A815D3AA9B0B94F7E932
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Kennedy, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15841 Sugar Maple Dr
 City Fraser State MI Zip Code 48026-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9E8230C4491A433F94F
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Lanigan, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Harcourt Rd
 City Grosse Pointe Park State MI Zip Code 48230-1874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Consultant Cstmr Experience
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A43E27CD1FFCA46D9BA3
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	273.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Kraus, Gemma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38177 Plumhollow Dr
 City Sterling Heights State MI Zip Code 48312-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Finance Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A034DB1E7EFCB4D6DB82
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Tully, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29316 Fairfield Dr
 City Warren State MI Zip Code 48088-3685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Ecv Business Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A73A48AF1CAEF40A6B5E
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Bushart, Suzanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1437 Woodward Ave Apt 604
 City Detroit State MI Zip Code 48226-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A68C5AE00C1E44A158FD
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 176 OF 273
<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. Taylor, Bethany, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Sebewaing
 City Okemos State MI Zip Code 48864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Supervisor, Mktg Communication
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2FD59F848E1E459CB3F
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Meyer, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11668 Shell Bark Ln
 City Grand Blanc State MI Zip Code 48439-1376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF8A3116181354EEA997
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Hoerner, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32402 Bonnet Hill Rd
 City Farmington Hills State MI Zip Code 48334-3412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1307A1D18DF349A09B9
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Staples, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2437 College Ave NE
 City Grand Rapids State MI Zip Code 49505-3638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC101D682593648B7A79
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Lutz, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55521 Placid Drive
 City Macomb State MI Zip Code 48042-6175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager HR Business Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA7841DDBF12B40369FC
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Ham, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10413 Woodlawn Dr
 City Portage State MI Zip Code 49002-7226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4CAEA6DFE0734F3D987
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 273
	<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. Morrison, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4725 Valley View South
 City West Bloomfield State MI Zip Code 48323-3365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Strategy Perf Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A10C5C8B1023D4EF488D
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Molitor, Joey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 S Rosedale Ct
 City Grosse Pointe Woods State MI Zip Code 48236-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Consultant - Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9C62AB14EBA64259A95
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Kisiel, Gina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 Eagle Dr
 City Troy State MI Zip Code 48083-5923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-key Account
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A71210A750E294553A74
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 273
	<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. Gavin, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44764 Gwinnett Loop
 City Novi State MI Zip Code 48377-2560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4997554B6E354208B4D
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Desjardins, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2585 Our Land Acres
 City Milford State MI Zip Code 48381-2592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A68A09389F4C24BAB93F
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Sullivan, Landon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 Capeside Dr
 City Okemos State MI Zip Code 48864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Managing, Actuary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF5E3B77B3A964995B79
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Digby, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4125 Naubinway Rd
 City Okemos State MI Zip Code 48864-3424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Physician Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2344A1C1A1764DFCAB1
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Sartin, Stacey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24771 River Heights St
 City Southfield State MI Zip Code 48033-3169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA94BD35D63EF4C0CBEB
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Sypien, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63252 West Charleston
 City Washington Twp., MI State MI Zip Code 48095-2431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8EDB58BF67EE450C9BC
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 181 OF 273
<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. Gibson, Ferren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22300 Hallcroft Ln
 City Southfield State MI Zip Code 48034-5496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Mgr Prov Sys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8C95D0787D424B93B0B
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Noonan, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14328 Mackinaw Trl
 City Grand Haven State MI Zip Code 49417-7729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ABA71C1EDCB874E3DBCf
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Krcek, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Berry Patch Ln.
 City White Lk. Twp State MI Zip Code 48386-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A09A0EBE276F24BBB9A0
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 273
	<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	<input type="checkbox"/> 17

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

A. McFarlane, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 797 Sandalwood Rd
 City Canton State MI Zip Code 48188-3032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director Quality Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 08 / 04 / 2016
Transaction ID : A9FF779ED11C846E6A1C
 Amount of Each Receipt this Period 39.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Szalay, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25000 Marshall
 City Dearborn State MI Zip Code 48124-1216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Marketing Research Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE5988EC6A0064C09A15
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Inman, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 Anaconda St.
 City Commerce Twp State MI Zip Code 48382-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Medical Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A94625A6E2EE04A5D909
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	221.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 183 OF 273
	(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

A. Yaden, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22505 Point Dr
 City St. Clair Shores State MI Zip Code 48081-2312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3B8483E116AF4F3F9ED
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Santer, Emily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Brooklyn Ave
 City Ann Arbor State MI Zip Code 48104-4421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A43E672C7A93A4A07867
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Boateng, Verneece, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34340 Thornbrook Dr
 City Farmington Hills State MI Zip Code 48335-1449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Strategy Perf Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A75D4F072FFED48E8B0C
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 273
	<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. Yaros, Geoffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 206 Kayser Ave
 City Royal Oak State MI Zip Code 48067-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2E9020789FE746E8890
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Szydlowski, Taryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5723 Martell Dr
 City Troy State MI Zip Code 48085-3162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Clinical Program Oper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE126F267E841407898B
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Fortin, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 Hickory Lane
 City Williamston State MI Zip Code 48895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Premium Audit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF49B44F158D84ACFB1D
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 273
	<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. Calimeri, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18490 Campo Dr
 City Clinton Township State MI Zip Code 48038-4824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Rating & Underwriting Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ADE379ACFFB3B4F099D5
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Hermes, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13958 Tall Timbers Ct.
 City Plymouth State MI Zip Code 48170-5295
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Consultant - Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A802016679934428DB62
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Cleaver, Maya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29124 Shenandoah Dr
 City Farmington Hills State MI Zip Code 48331-2450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Mgr Prod Dev Imp & Consult
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1E1EB383F8794233A2C
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. McKinnon, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48715 Arnold Dr.
 City Macomb State MI Zip Code 48044-5539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A06DA0E23A2804D7F9D1
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Hawkins, Sylvia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25991 Labana Woods Dr
 City Taylor State MI Zip Code 48180-9304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager - Payroll
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB868A59BE6DD422FA99
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Fadel, Huda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2340 St Francis Drive
 City Ann Arbor State MI Zip Code 48104-4807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Consultant Coa Activities
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A627D3D2D3EF14503A8C
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 273
	<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. Lutomski, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45748 Berthoud Dr
 City Macomb State MI Zip Code 48044-3822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager - Hris
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACA8D0655DD724BC4962
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Feldpausch, Daric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O Box 137
 City Fowler State MI Zip Code 48835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AACAB3C314D340808F2
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Cameron, Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8677 Stout
 City Grosse Ile State MI Zip Code 48138-1394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Consultant - Business
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8F54B498FB17488FB0F
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Sexton, Becky, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 699 River Park Village Blvd
 City Northville State MI Zip Code 48167-2776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2E32935779ED410FB81
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Murphy, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16196 Madoline
 City Beverly Hills State MI Zip Code 48025-5626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Consultant Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A406CB2065D4A4E8284B
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Stanislowski, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11382 Waverly
 City Plymouth State MI Zip Code 48170-4329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5C88439CAFFD40C58AB
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. McMahon, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 Touraine Rd
 City Grosse Pointe Farms State MI Zip Code 48236-3320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD9B26F8CCFEA4954805
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Tanner Collins, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28839 Lincolnview Dr
 City Farmington Hills State MI Zip Code 48334-5253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A11353B4AC5444F1D90D
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Centeno, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21968 Tredwell Ave
 City Farmington Hills State MI Zip Code 48336-3865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Compliance Oversight Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFD6AE0271CE548A9862
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 273
	<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. Nalla, Bhanupriya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38589 Terry Lane
 City Westland State MI Zip Code 48185-7659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Ecv Business Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A29EE897800314AAC8B6
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Massa, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 442 Roland Rd
 City Grosse Pointe Farms State MI Zip Code 48236-2848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7B29740F56094160B9A
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Pyle, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 855 Eaton Dr
 City Mason State MI Zip Code 48854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Supervisor, Rgltly Reporting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE1BF7C32C37B4D7B8EC
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Glaab, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24805 Belton Ln
 City Dearbn Hts State MI Zip Code 48127-1377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Auto National Fin Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 08 / 04 / 2016
Transaction ID : A30AFDE0B911C4AEDAC1
 Amount of Each Receipt this Period 39.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Malmgren, Dianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37635 Palmer Woods Blvd
 City Sterling Heights State MI Zip Code 48312-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A035A41F71C5A466EA98
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Burris-Richardson, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22064 Pickford
 City Detroit State MI Zip Code 48219-2356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AEC30C8B0BB6D491F9A4
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	221.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 192 OF 273
	(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"/> 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. Cash, Nora, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23255 Glenwood St
 City Clinton Township State MI Zip Code 48035-2936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Mgr Fin Model Audit Rule
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A68876BC22CC340BCA3C
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Tripi, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16757 Dunswood Dr
 City Northville State MI Zip Code 48168-2357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Mgr Prod Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A73F08A46CE164F0ABDB
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Stockman, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25936 Thistle Lane
 City Brownstown State MI Zip Code 48134-9074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AEB1FF8F2611F4E64BA4
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 193 OF 273
<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. Koscielny, Lorna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35560 Ann Arbor Trail
 City Livonia State MI Zip Code 48150-3596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8ACEC528B6FE4248944
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Goble, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 355 Orchard Dr
 City Northville State MI Zip Code 48167-1317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Consultant - Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0C4F058C2D4E41FAB92
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Klungle, Roni, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2272 Keller Rd
 City Holt State MI Zip Code 48842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Accounting Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A598A13D8ABA748B6967
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 194 OF 273
	(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

A. Tomenello, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38563 Lakeshore Dr
 City Harrison Township State MI Zip Code 48045-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4F2530A74C554432A6D
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. ZumBrunnen, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28199 West Eleven Mile Road
 City Farmington Hills State MI Zip Code 48336-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Architect Sr.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC2A9D61CEE9F4ADA95E
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Matthews, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28926 Leamington Dr
 City Farmington Hills State MI Zip Code 48334-2666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A653F62831CF2470C8BA
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 273
	<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. Maul, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 881 Washington Rd
 City Grosse Pointe State MI Zip Code 48230-1293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A16A1990CDF444F11937
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Sudderth, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Nicole Circle
 City Okemos State MI Zip Code 48864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) VP, Strategy & Comm & COS, EM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA7FA71D4F040491BB30
 Amount of Each Receipt this Period 225.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Peters, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24681 Sarah Flynn Dr.
 City Novi State MI Zip Code 48374-2919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACB7784C349FE496A950
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	407.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 273
	<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. Hix, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1816 Carriage Hill
 City Commerce Twp State MI Zip Code 48382-4844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7E46F89A7DA54A0AA31
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Van Lear, Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1376 Wood Trl
 City Oxford State MI Zip Code 48371-6065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE8191F56F43449DBB59
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Reilly, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 Silverwood Dr.
 City Okemos State MI Zip Code 48864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Assistant General Counsel li
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A770F2C8D0D554C50804
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 273
	<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. Dowsley, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31952 Robinhood Dr
 City Beverly Hills State MI Zip Code 48025-3539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7ECB90C1A5D0487AB01
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Vondracek, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45128 Dunbarton Dr
 City Novi State MI Zip Code 48375-3806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Delivery Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A42A40A343E0743789CC
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Versalle, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Cadillac Dr
 City Muskegon State MI Zip Code 49445-1912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1BC8440449B24A9C837
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 273
	<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	<input type="checkbox"/> 17

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

A. Elzy, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18701 Pennington Dr
 City Detroit State MI Zip Code 48221-4115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACCFC0D25413C4AD2AB4
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Pabin, Alina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1408 Nottingham Rd
 City Grosse Pointe Park State MI Zip Code 48230-1029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC42E77F1E7C541A88C5
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Midelton, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5695 Silver Pond
 City West Bloomfield State MI Zip Code 48322-2061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Strategy Perf Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3DCA73CDAA79423DA9C
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 273
	<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. Squires, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7829 Paint Creek Dr
 City Ypsilanti State MI Zip Code 48197-6001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sr Manager - Account
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3098AD88494347028CA
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Charbeneau, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4923 S Crossings
 City Saginaw State MI Zip Code 48603-8709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A51362ADC468642D7A01
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Mitchell, Janice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8272 Rondale Drive
 City Grand Blanc State MI Zip Code 48439-8341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A577F3C17ED374772B9C
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 273
	<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. Racinski, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10000 Cedar Shrs
 City White Lake State MI Zip Code 48386-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Systems Analyst Technical Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2DD42434EAB14EE5B40
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Hand, Kristie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26763 Park Ln
 City Woodhaven State MI Zip Code 48183-4383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC18DFC9A930641DB91D
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Carter, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Pemberton
 City Grs Pt Pk State MI Zip Code 48230-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1E7A4FCB96544C60807
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 273
	<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. Hertrich, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 531 Anhinga Drive
 City East Lansing State MI Zip Code 48823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, AG Counsel I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A57402BD69F894923895
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Machasic, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12738 Borgman Ave
 City Huntington Woods State MI Zip Code 48070-1002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD04F6867997244D4B24
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Frisbey, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2990 House St NE
 City Belmont State MI Zip Code 49306-9715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF5B92C7189AB40A5993
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 273
	<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. Singleton, Seneca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16851 Glastonbury
 City Detroit State MI Zip Code 48219-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Customer Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1DDA964DFCD7496988E
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. McIntee, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3356 South Blvd
 City Bloomfield Hills State MI Zip Code 48304-1155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2A022D4175724F259E5
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Wybo, Marie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1145 Kensington
 City Grosse Pte Park State MI Zip Code 48230-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Mgr Medicare
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFFDEFD5FFBA24437AE6
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 273
	<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. Cade, Patrece, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1544 Pebble Beach Drive
 City Pontiac State MI Zip Code 48340-1367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Udr & Act Coml Ovrsgt Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0668E00671B14EEFA51
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Skrzypek, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3817 Elmhurst
 City Royal Oak State MI Zip Code 48073-1822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 15 / 2016
Transaction ID : A99E38D9F3A17403CAB8
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Sawalski, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 532 Highland
 City Wyandotte State MI Zip Code 48192-2433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5C5A45DE673146DAA49
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 273
	<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. Bruce, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1146 Mayburn
 City Dearborn State MI Zip Code 48128-1112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACD2098829FE64E7F955
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Hall, Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13539 Cunningham
 City Southgate State MI Zip Code 48195-1187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AB2E58AA7BFF34C09BC6
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Wessner, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 713 Hutchins
 City Ann Arbor State MI Zip Code 48103-4801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Systems Analyst III
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A76F03354E96E4C46825
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 273
	<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. Kwiat, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45015 Lemont
 City Canton State MI Zip Code 48187-2985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A675EA50CE30D421FAED
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Mcintosh, Gail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1838 Andover Blvd
 City Howell State MI Zip Code 48843-8135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Qual Mgmt/Accred Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC16BCAA9BA66477AB30
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Gladany, Michele, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1143 Paddock Ct
 City South Lyon State MI Zip Code 48178-8357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sales Force Training Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4E206A49B2304FECAC6
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 273
	<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. Reinert, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 661 Plantation Dr
 City Saginaw State MI Zip Code 48638-7162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Sr Advisor Quality Improvement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 15 / 2016
Transaction ID : A3295306CA10B4D5CBF2
 Amount of Each Receipt this Period 78.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Boulard, Marea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24440 Tara Drive
 City South Lyon State MI Zip Code 48178-9485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9A309CEAFDC64E8BBCE
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Liu, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29632 Edward Pl
 City Livonia State MI Zip Code 48154-4440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A898C5629BFAC46118FF
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 273
	<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. Barszcz, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7168 Chadwick Ct
 City Canton State MI Zip Code 48187-1642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Mgr Ind Risk Mit Undrwrng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A17E20FD24A144A3CA41
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. McDonald, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18651 Walmer Lane
 City Beverly Hills State MI Zip Code 48025-5250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Credentialing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5F75A305F99144E78EB
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Rhodes, Shlynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 854 Delray Se
 City Grand Rapids State MI Zip Code 49546-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Admin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF5C8335BB5B4409EABC
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 273
	<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. Hoomaian, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24429 Holyoke Ct
 City Novi State MI Zip Code 48374-2853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Sales Infrm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3767F7D0A3654382B0F
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Fleszar, Rozanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23459 Danberry
 City Novi State MI Zip Code 48375-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7FA576D957B44C9D871
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Martin, Alean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23362 Hickory Creek
 City Macomb Twp State MI Zip Code 48042-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A322BD0C091B940B5B04
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 273
	<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. Carr, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5475 Vincennes Dr
 City Blmfld Hls State MI Zip Code 48302-2561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7B2D09CA7AB044CDA0E
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Elliott, Bobbi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8950 Jacaranda Drive
 City Dimondale State MI Zip Code 48821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Board Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA4AFB09AAA714244859
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Bone, Philip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1497 Heights Rd
 City Lake Orion State MI Zip Code 48362-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Sales Infrm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A991CCAB644E64120A30
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 273
	<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. Manolakoudis, Janelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3896 Mayapple Lane
 City Lansing State MI Zip Code 48911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, CrpEvnts&Agt Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A41CC187C344D4AAEAD
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Howard Sr, Dushaun, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27450 Eldorado Pl
 City Lathrup Village State MI Zip Code 48076-3453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Commercial Govt Bus Cons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8602792392B54F7A9D5
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Hockin, JoAnn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3888 Corran Dr
 City Wixom State MI Zip Code 48393-4400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Rating & Undwriting Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACEA048DE18CD4F179E0
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 273
	<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	<input type="checkbox"/> 17

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

A. Raghuprakash, Shruthi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16305 Brook Trout Ln
 City Northville State MI Zip Code 48168-8502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A356A29AB4C184AFE822
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Rohrkemper, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30240 Madison Ave
 City Warren State MI Zip Code 48093-9005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A20CE23DCFE134265865
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Huyghe, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21901 Waycross
 City Macomb State MI Zip Code 48044-2325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9D06488840DC41F9AFD
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 273
	<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. Carroll, Desiree, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1045 Baldwin St
 City Detroit State MI Zip Code 48214-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6707BFCBC3B74F42B17
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Notter, Josondra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26170 Hersheyvale Dr
 City Franklin State MI Zip Code 48025-1235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-key Account
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF13403347A1445D8980
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Takashima, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Fairwood Blvd
 City Pleasant Ridge State MI Zip Code 48069-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A95AD2139E5C74A8C9DD
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 273
	<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	<input type="checkbox"/> 17

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

A. Judson, Johanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 689 Fisher Road
 City Grosse Pointe State MI Zip Code 48230-1216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0D518616515141E1805
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Baker, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1046 Kenilworth Pl
 City Clawson State MI Zip Code 48017-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A04387FBC00D24967926
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Foley, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46899 Cynthia Dr
 City Macomb State MI Zip Code 48044-6253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6B7E873996D440A18F8
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 273
	<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. Repotski, Stacey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43984 Cottisford
 City Northville State MI Zip Code 48167-8945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager - Pharmacy Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF2F3255D43744FCAB81
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Nieman, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16524 Horseshoe Dr
 City Northville State MI Zip Code 48168-8586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Ecv Business Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A63DA53B9D49E4E25BCE
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Yager, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 N. Jenison
 City Lansing State MI Zip Code 48915-1250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A35852BD075E842FFB6D
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 273
	<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. Domas, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18148 Vacri Ln
 City Livonia State MI Zip Code 48152-3124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager It Audit & Adv Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF2DFA91A3C0044E8A90
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Thomas, Rhonda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29232 Sharidale
 City Southfld State MI Zip Code 48034-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A39EBABA0A22B497C89D
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Tenerowicz, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19525 Northridge Dr
 City Northville State MI Zip Code 48167-2913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Consultant Product Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2AC15FACB2004A61BF0
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mattei, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6088 Glen Eagles
 City W Blmfld State MI Zip Code 48323-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8CE442E301B14229A60
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Evans, Shane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14803 Robinwood
 City Lansing State MI Zip Code 48906-9230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AED6BAD0A39A04E568F8
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Southern, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24586 De Phillipe Dr
 City Farmington Hills State MI Zip Code 48336-2026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF673D65CC4FF4241B24
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 273
	<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. Roulier, Randolphe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11032 Melrose
 City Livonia State MI Zip Code 48150-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A447B23539D7D474A99B
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Shah, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36786 Harper Ave Apt 202
 City Clinton Township State MI Zip Code 48035-5914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Service Center Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA62DB9C4492946CF8B0
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Marzec, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34576 Hawke Dr
 City Strlg Hts State MI Zip Code 48310-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF1583DEFCCA041018E8
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 273
	<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. Cobus, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5855 Caleta
 City Lansing State MI Zip Code 48911
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Director, Premium Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3D5BDD3666DB4169980
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Patel, Sunil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4653 Franklin Pk Dr
 City Strlng Hts State MI Zip Code 48310-1941
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4DE91E9C60A74E2A89D
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Fernandez, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32100 Kelly Boulevard
 City Brownstown State MI Zip Code 48173-8633
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Finance Shared Svcs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0B1C0755828A4B07AC5
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 273
	<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. Staples, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5923 Eagles Way
 City Haslett State MI Zip Code 48840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Service Center
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFA9C342807E4415BAE8
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Burch, Miriam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21985 Ember Ct
 City Grosse Ile State MI Zip Code 48138-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFA18C0BD309C4F6ABC7
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Wood, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29425 Prestwick
 City Southfld State MI Zip Code 48076-5058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5F554FAE0E3D45BC842
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 220 OF 273
<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. Young, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Lakeview Ave
 City Grosse Pointe Farms State MI Zip Code 48236-2907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7BD8E98C10164D34AE4
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Sines, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1863 Rosemont
 City Berkley State MI Zip Code 48072-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A24B4237B57D04571AB7
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Vohra, Sanjeev, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2656 Maple Forest Dr
 City Wixom State MI Zip Code 48393-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A054D038260E64AEAB18
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Roegner, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35947 Johnstown Rd
 City Farmington Hills State MI Zip Code 48335-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A179A5BEE6E114603A81
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Johnson, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9454 W Scenic Lake Dr
 City Laingsburg State MI Zip Code 48848-9749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Physician Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF44BD09C64974369A99
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Demek, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41630 Lindsay Dr
 City Plymouth State MI Zip Code 48170-4344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director Actuary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC2B6D009A4384B58B37
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 273
	<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. Davis, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13051 Lia Court
 City Linden State MI Zip Code 48451-8440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AEAC80CFEE3246A38A3
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Weber, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42660 Steepleview St
 City Northville State MI Zip Code 48168-2090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0C1A9278F10C43549A6
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Davis, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30629 Ledgecliff
 City Westland State MI Zip Code 48185-2495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1B91150A454543E5AFD
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 273
	<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. Holly, Marie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43081 Emerson Way
 City Novi State MI Zip Code 48377-1978
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Ld Financial Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA575A5F706B64B61B15
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Gray, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2252 Devonshire
 City Bloomfield State MI Zip Code 48302-0623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager-sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6357D91CD2964F2EAC0
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

C. Shaffer, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39178 Salem Dr
 City Clinton Township State MI Zip Code 48038-2855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Manager II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC42E466BAC6547B58E2
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 273
	<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	<input type="checkbox"/> 17

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

A. Smahay, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29266 Ursuline Street
 City St Clr Sh State MI Zip Code 48081-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A73C2E154621342788D5
 Amount of Each Receipt this Period 84.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

B. Skrzypek, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3424 Bent Trail Dr.
 City Ann Arbor State MI Zip Code 48108-9302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Dir Provider Contracting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE1D1C4B0B3AB49988A5
 Amount of Each Receipt this Period 84.00
 Memo Item
 Payroll Deduction: \$12.00/Bi-Weekly

C. Ramsey, Rita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Mark Street
 City Mason State MI Zip Code 48854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Service Center
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACD7554AD75B440B3B92
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	259.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 273
	<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. Konkel, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 Lincoln
 City Brighton State MI Zip Code 48116-3794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1B10B47A397B48C993A
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

B. Zafar, Mohammad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4017 Normanwood Dr
 City West Bloomfield State MI Zip Code 48323-1748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Physician Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A7DBBB285DF344177A50
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll Deduction: \$18.00/Bi-Weekly

C. Simmons, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15171 Horger
 City Allen Park State MI Zip Code 48101-2633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Application Developer III
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A30795448EF834BF68F9
 Amount of Each Receipt this Period 77.00
 Memo Item
 Payroll Deduction: \$11.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	329.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Shannon, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2849 Courville Drive
 City Bloomfield Hills State MI Zip Code 48302-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Auto Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 612.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF09C0095C2374D1EB96
 Amount of Each Receipt this Period 90.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

B. Fester, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62715 Pond Drive
 City Washington State MI Zip Code 48094-1333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) VP Middle & Small Grp Busns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 612.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1812CFFF30C9407382E
 Amount of Each Receipt this Period 90.00
 Memo Item
 Payroll Deduction: \$45.00/Bi-Weekly

C. Snyder, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20949 West Farm Ln
 City Northville State MI Zip Code 48167-9042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Health Care Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A080FE7C8F88D4407965
 Amount of Each Receipt this Period 77.00
 Memo Item
 Payroll Deduction: \$11.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	257.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Shaw, Christa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20016 Orleans
 City Detroit State MI Zip Code 48203-1390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Rating & Underwriting Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1E68A947E8B34AD29BB
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Kilgore, Deanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1668 Liberty St N
 City Canton State MI Zip Code 48188-8002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACF96436D0A744DCD956
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Danier, Rosario, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 Willison Road
 City Grosse Pointe Shores State MI Zip Code 48236-1563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Team Lead II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A241318E4BA724562B67
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 273
	<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. Garcia, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4106 Wagon Wheel Lane
 City Lansing State MI Zip Code 48917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Community Relations Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AD347B02A4C5A481CBDC
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Reibsome, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3550 Laureate Dr
 City Holt State MI Zip Code 48842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Creative Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A81BA1B40E57848A6A5B
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Wall, Penny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5214 Wyndemere Cir
 City Swartz Creek State MI Zip Code 48473-8969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ADFAA0239594240C488C
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 273
	<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. Wood, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1118 Camden Dr
 City Lansing State MI Zip Code 48917-4854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Premium Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AC90A1897964F4FC4A46
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Vance, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28560 Wildwood Trail
 City Frmgtn Hls State MI Zip Code 48336-2165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Associate Dental Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AE074948A04884D79BF5
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. De Bels-Tomanek, Sueanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2478 Lansbury Dr
 City Waterford State MI Zip Code 48329-2322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A862EAC0A7A0C43058DD
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 273
	<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. D'Uva, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20900 W Glen Haven Cir
 City Northville State MI Zip Code 48167-2408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AF86262F51BBE4CFDBF3
 Amount of Each Receipt this Period 91.00
 Memo Item
 Payroll Deduction: \$13.00/Bi-Weekly

B. Crowley, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6290 Wilson Road
 City Ann Arbor State MI Zip Code 48108-7925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4DC0071641E544488E7
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Whitford, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1250 W Marshall Rd
 City St Johns State MI Zip Code 48879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, MM Pract and Strategy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A5CEBBB600D11457F838
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	231.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Filips, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5575 Birdview Hts
 City Orchard Lake State MI Zip Code 48324-3005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2D5AEB47269E4DDB99F
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Tomba, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7385 Parkstone Lane
 City Bloomfield Hills State MI Zip Code 48301-4028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Finance Business Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4E571A8E61E34695BF2
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Dunbar, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 Huntclub Blvd
 City Auburn Hills State MI Zip Code 48326-3681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA9DF7E9836274361B38
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 273
	<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. Beasley, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Harvest Lane
 City Lansing State MI Zip Code 48917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Regional Dir, Bus Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A225E5E0C7AFF44E19E5
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Gregory, Robin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 554 Paris Avenue
 City Lansing State MI Zip Code 48910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Board Relations Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFB19348A1ACE4DC5866
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Norton, Kellie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5099 Montauk Dr Nw
 City Comstock Park State MI Zip Code 49321-9353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACD301536DD7E482C9B0
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 273
	<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. Hoetger, Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3522 Prestwick Court
 City Ann Arbor State MI Zip Code 48105-2838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A184457F569BC42B3A2A
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Fischer III, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4080 Split Rail Lane
 City Fenton State MI Zip Code 48430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Loss Control
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A426FB749A8BD485892D
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Smith, Kendell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12545 Warm Creek Dr.
 City Dewitt State MI Zip Code 48820-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Supervisor, Acctg Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A1CD76E84ADCC48AD928
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 273
	<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. Hintz, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11383 Orchard Dr
 City Rapid City State MI Zip Code 49676-9604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Loss Control
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A93CA31700025420397F
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Corcoran, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7535 W Coon Lake Rd
 City Howell State MI Zip Code 48843-8986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Business Rel Mgmt Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A32BCBBBCAD444118ABF
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Corless, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3945 Turnberry Lane
 City Okemos State MI Zip Code 48864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) President, AF Group
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A8CDF09CB37944686997
 Amount of Each Receipt this Period 260.00
 Memo Item
 Payroll Deduction: \$65.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 273
	<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. Gunns, Peggy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 722 E Columbia St
 City Mason State MI Zip Code 48854-1306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Manager Service Center Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0E14F24CBAD44A99885
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Delbrugge, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Alexander
 City River Rouge State MI Zip Code 48218-1551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Systems Analyst Adv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A0EC9BF831BCC4785841
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Pomante, Michele, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24817 St Paul
 City Harrsn Twp State MI Zip Code 48045-1934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Strategy Perf Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A116B3C1F4AF44A8CAEE
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. DeFlorio, Dana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1755 11th St
 City Wyandotte State MI Zip Code 48192-3605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) ERA Clin Sup/Svc Ops Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A57C470CF57A942AD9CF
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Coronado, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1605 Four Seasons Drive
 City Howell State MI Zip Code 48843-6115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Director Finance/pfa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A63ABB593C0EC47519D9
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Vermeersch, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6575 Lansdown
 City Dimondale State MI Zip Code 48821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Medical Only
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A482050883F99497889A
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 273
	<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. Boertz, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12525 Shery Lane
 City Southgate State MI Zip Code 48195-2326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Mgr BCN Prov Reim & Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6B57BAA8661F4446A58
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Condra, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14611 Fairlane
 City Livonia State MI Zip Code 48154-5177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) IT Delivery Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A4C28675233F744E18EF
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Arambula, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 949 Bedford Rd
 City East Lansing State MI Zip Code 48823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Senior Claim Representative I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A837BA3A33F064542A28
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 238 OF 273
<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. Chapko, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4141 S St. Clair Rd
 City St Johns State MI Zip Code 48879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Financial Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A3EB8CBF266A648B3910
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Frison, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2388 Prince Hall Dr
 City Detroit State MI Zip Code 48207-3350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Provider Outreach Cons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AFCEC8633FD234B7BA32
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Pratt, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Jeannine Ln.
 City DeWitt State MI Zip Code 48820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Financial Reporting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A6075583549E445E8A53
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 273
	<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. Johnson, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22076 Chatsford Circuit
 City Southfld State MI Zip Code 48034-2119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : ACCF9BB3EA4EB4F4D8B1
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Beals, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2383 Emerald Forest
 City East Lansing State MI Zip Code 48823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accident Fund Holdings, Inc. Occupation (for Individual) Manager, Data
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A54057D30B0E84AB8A0A
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Adamcheski, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9292 Birch Point Drive
 City Newport State MI Zip Code 48166-9287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A2684DFB835514E349AD
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 273
	<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. Girrbach, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18700 Midway
 City Allen Park State MI Zip Code 48101-1277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Ecv Business Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : AA5D1F19CF5F641979D4
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

B. Tomlinson, Rachele, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49791 Keycove
 City Chesterfield State MI Zip Code 48047-4308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Michigan Occupation (for Individual) Finance Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 29 / 2016
Transaction ID : A9C5FF0B8858C4C85B0F
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	114901.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. TROTT FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 2085 E. WEST MAPLE ROAD A-101

City Commerce Township State MI Zip Code 48390-3802

Purpose of Disbursement
DI- Direct Contribution to Federal Candidate

Candidate Name
Trott, Dave, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: MI District: 11

Date of Disbursement: 09 / 20 / 2016

FEC Identification Number: **C00548941**
Transaction ID : **B06015778F6**
Amount of Each Disbursement this Period: 4500.00

Memo Item

B. Friends of Dan Kildee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement
DI- Direct Contribution to Federal Candidate

Candidate Name
Kildee, Dan, T., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: MI District: 05

Date of Disbursement: 09 / 20 / 2016

FEC Identification Number: **C00499947**
Transaction ID : **B1BC2C8CD4**
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. HUIZENGA FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 441 WILLIAM COURT

City ZEELAND State MN Zip Code 49464

Purpose of Disbursement
DI- Direct Contribution to Federal Candidate

Candidate Name
Huizenga, Bill, P., Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: MI District: 02

Date of Disbursement: 09 / 20 / 2016

FEC Identification Number: **C00459297**
Transaction ID : **BD2B53DA71**
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11500.00

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 checked="" type="checkbox"/> 23	<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 PAUL MITCHELL		Date of Disbursement MM / DD / YYYY 09 / 10 / 2016
Mailing Address 66860 VAN DYKE ROAD		FEC Identification Number C 000581090 Transaction ID : B43F3527BB! Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State MI	Zip Code 48095
Purpose of Disbursement DI- Direct Contribution to Federal Candidate		Category/ Type
Candidate Name Mitchell, Paul, , , III		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 10	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Levin For Congress Committee		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address P.o. Box 1092		FEC Identification Number C 000156612 Transaction ID : B2A1D3DF50 Amount of Each Disbursement this Period 2500.00
City Warren	State MI	Zip Code 48092
Purpose of Disbursement DI- Direct Contribution to Federal Candidate		Category/ Type
Candidate Name Levin, Sandy, M., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 09	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CASPERSON FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 01 / 2016
Mailing Address P.O. BOX 499		FEC Identification Number C 000435420 Transaction ID : BB80CE5B9! Amount of Each Disbursement this Period 2500.00
City ESCANABA	State MI	Zip Code 49829
Purpose of Disbursement DI- Direct Contribution to Federal Candidate		Category/ Type
Candidate Name Casperson, Tom, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 01	<input type="checkbox"/> Memo Item

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

TOTAL This Period (last page this line number only).....▶

7500.00

**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 checked="" type="checkbox"/> 23	<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. JASON ALLEN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2016

Mailing Address 5265 OLD STAGECOACH DRIVE

FEC Identification Number

C C00481499

Transaction ID : B2A702EE01
Amount of Each Disbursement this Period

2500.00

Memo Item

City ALANSON State MI Zip Code 49706

Purpose of Disbursement
DI- Direct Contribution to Federal Candidate

Candidate Name
ALLEN, JASON, EDWARD, ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
B. Moolenaar for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

Mailing Address 5915 EASTMAN AVENUE SUITE 100

FEC Identification Number

C C00561530

Transaction ID : B5BF8D47C7
Amount of Each Disbursement this Period

4000.00

Memo Item

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement
DI- Direct Contribution to Federal Candidate

Candidate Name
Moolenaar, John, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 04

Full Name (Last, First, Middle Initial)
C. HUIZENGA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

Mailing Address 441 WILLIAM COURT

FEC Identification Number

C C00459297

Transaction ID : B48FEEACC
Amount of Each Disbursement this Period

3000.00

Memo Item

City ZEELAND State MN Zip Code 49464

Purpose of Disbursement
DI- Direct Contribution to Federal Candidate

Candidate Name
Huizenga, Bill, P., Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 02

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

9500.00

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 checked="" type="checkbox"/> 23	<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. Wolverine Pac		Date of Disbursement MM / DD / YYYY 07 / 14 / 2016
Mailing Address 607 14th Street Nw Ste 800		FEC Identification Number C 000451583 Transaction ID : BF95E02623 Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement DI-Direct Contribution to Federal PAC		Category/ Type
Candidate Name Wolverine Pac		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Upton Victory Committee		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address 228 S. Washington St Ste. 115		FEC Identification Number C Transaction ID : B9E36C3981 Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement DI- Direct Contribution to Federal Candidate		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement		Category/ Type
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) <input type="checkbox"/>	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	36000.00

**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"/> 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. COMMITTEE TO ELECT GARY HOWELL		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 407 CLAY ST		FEC Identification Number C [REDACTED] Transaction ID : BA45DFDBFI Amount of Each Disbursement this Period 1000.00
City Lapeer	State MI	Zip Code 48446-2208
Purpose of Disbursement DI- Direct Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT JOHN CHIRKUN STATE REPRESENTATIVE		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 31229 MERRILY		FEC Identification Number C [REDACTED] Transaction ID : B81152C7740 Amount of Each Disbursement this Period 500.00
City Roseville	State MI	Zip Code 48066-1214
Purpose of Disbursement DI- Direct Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT IAN CONYERS		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address 19000 BIRCHCREST DR		FEC Identification Number C [REDACTED] Transaction ID : BFDA512B9! Amount of Each Disbursement this Period 1000.00
City Detroit	State MI	Zip Code 48221-2227
Purpose of Disbursement DI-Direct Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	<input type="checkbox"/> Memo Item	

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. COMMITTEE TO ELECT BRANDT IDEN FOR STATE REPRESENTATIVE

Mailing Address PO BOX 20486

City Kalamazoo State MI Zip Code 49019-1486

Purpose of Disbursement DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C
Transaction ID : B7F34382A7
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Tonya Schuitmaker for State Senate

Mailing Address PO Box 1116

City Portage State MI Zip Code 49081

Purpose of Disbursement DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Michigan

State: District:

Date of Disbursement: 08 / 12 / 2016

FEC Identification Number: C
Transaction ID : BDEDEC80A/
Amount of Each Disbursement this Period: 575.00

Memo Item

Full Name (Last, First, Middle Initial)
C. TOM BARRETT FOR STATE REPRESENTATIVE

Mailing Address PO BOX 121

City Charlotte State MI Zip Code 48813-0121

Purpose of Disbursement DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

Date of Disbursement: 09 / 07 / 2016

FEC Identification Number: C
Transaction ID : B5BA5E34B/
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2575.00

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"/> 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. JASON SHEPPARD FOR STATE REPRESENTATIVE

Mailing Address PO BOX 271

City
Lambertville

State
MI

Zip Code
48144-0271

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Michigan**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2016

FEC Identification Number

C
Transaction ID : BD829BD848
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Brian Banks

Mailing Address PO Box 15644

City
Detroit

State
MI

Zip Code
48215-0644

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Michigan**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2016

FEC Identification Number

C
Transaction ID : BAED994B2
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CTE PAMELA HORNBERGER

Mailing Address 53611 KATARINA

City
Chesterfield

State
MI

Zip Code
48051-1812

Purpose of Disbursement
DI-Direct Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Michigan**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2016

FEC Identification Number

C
Transaction ID : BE28D4F024
Amount of Each Disbursement this Period
500.00

Memo Item

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

TOTAL This Period (last page this line number only)..... ▶

2000.00

**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"/> 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. LAURA COX FOR STATE REPRESENTATIVE

Mailing Address PO BOX 531392

City Livonia State MI Zip Code 48153-1392

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) Michigan

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2016

FEC Identification Number

C
Transaction ID : **BD81B88CC4**
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Warren C. Evans

Mailing Address P.o. Box 43694

City Detroit State MI Zip Code 48243

Purpose of Disbursement
DI-Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) Michigan

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2016

FEC Identification Number

C
Transaction ID : **BA95C0C411**
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT MICHAEL WEBBER FOR STATE REPRESENTATIVE

Mailing Address PO BOX 70461

City Rochester Hills State MI Zip Code 48307-0010

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) Michigan

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2016

FEC Identification Number

C
Transaction ID : **BE686809C6**
Amount of Each Disbursement this Period
1000.00

Memo Item

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

TOTAL This Period (last page this line number only)..... ▶

7000.00

**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"/> 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 Lavoy for State Representative		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016	
Mailing Address 724 Saint Anne Lane		FEC Identification Number C [REDACTED] Transaction ID : B20334FD70f Amount of Each Disbursement this Period 500.00	
City Monroe	State MI	Zip Code 48162-3548	Category/ Type
Purpose of Disbursement DI- Direct Contribution		Memo Item <input type="checkbox"/>	
Candidate Name			Disbursement For: 2016
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼ Michigan		
State: District:			

Full Name (Last, First, Middle Initial) B. FRIENDS OF HENRY YANEZ		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016	
Mailing Address P.O. BOX 7213		FEC Identification Number C [REDACTED] Transaction ID : B8B570C503f Amount of Each Disbursement this Period 500.00	
City Sterling Heights	State MI	Zip Code 48311-7213	Category/ Type
Purpose of Disbursement DI-Direct Contribution		Memo Item <input type="checkbox"/>	
Candidate Name			Disbursement For: 2016
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼ Michigan		
State: District:			

Full Name (Last, First, Middle Initial) C. DR HENRY VAUPEL FOR STATE REP COMMITTEE		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016	
Mailing Address PO BOX 363		FEC Identification Number C [REDACTED] Transaction ID : BBEF50F0EE Amount of Each Disbursement this Period 1000.00	
City Fowlerville	State MI	Zip Code 48836-0363	Category/ Type
Purpose of Disbursement DI- Direct Contribution		Memo Item <input type="checkbox"/>	
Candidate Name			Disbursement For: 2016
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼ Michigan		
State: District:			

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"/> 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. Committee to Elect David LaGrand

Mailing Address 161 OTTAWA AVE NW

City Grand Rapids State MI Zip Code 49503-2701

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Michigan

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2016

FEC Identification Number

C
Transaction ID : B904C350EC
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF STEPHANIE CHANG

Mailing Address P.O. BOX 32372

City Detroit State MI Zip Code 48232-0372

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Michigan

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2016

FEC Identification Number

C
Transaction ID : BFDA084AA9
Amount of Each Disbursement this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LANA THEIS FOR STATE REP

Mailing Address PO BOX 461

City Brighton State MI Zip Code 48116-0461

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Michigan

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2016

FEC Identification Number

C
Transaction ID : B067FEAA83
Amount of Each Disbursement this Period
1000.00

Memo Item

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

TOTAL This Period (last page this line number only)..... ▶

1750.00

**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"/> 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. Joseph Graves for State Representative

Date of Disbursement: MM / DD / YYYY
09 / 15 / 2016

Mailing Address 16316 Knobhill

City Linden State MI Zip Code 48451

Purpose of Disbursement: DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

FEC Identification Number: **C**
Transaction ID : **BEE409CB90**
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. BRIAN CALLEY FOR MICHIGAN

Date of Disbursement: MM / DD / YYYY
09 / 22 / 2016

Mailing Address PO BOX 16173

City Lansing State MI Zip Code 48901-6173

Purpose of Disbursement: DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

FEC Identification Number: **C**
Transaction ID : **B577D0EDA8**
Amount of Each Disbursement this Period: 5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Friends of Kathy S Crawford

Date of Disbursement: MM / DD / YYYY
09 / 22 / 2016

Mailing Address 46275 ELEVEN MILE RD

City Novi State MI Zip Code 48374-2417

Purpose of Disbursement: DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

FEC Identification Number: **C**
Transaction ID : **B94D996575**
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7000.00

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"/> 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 TIM SNELLER

Full Name (Last, First, Middle Initial)

Mailing Address 2253 MCLAREN ST

City Burton State MI Zip Code 48529-2169

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2016

FEC Identification Number

C
Transaction ID : BC5525D4A5
Amount of Each Disbursement this Period
1000.00

Memo Item

B. FRIENDS OF JON HOADLEY

Full Name (Last, First, Middle Initial)

Mailing Address 2720 PARKVIEW AVE

City Kalamazoo State MI Zip Code 49008-2604

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2016

FEC Identification Number

C
Transaction ID : B899146D186
Amount of Each Disbursement this Period
250.00

Memo Item

C. JULIE ALEXANDER FOR STATE REPRESENTATIVE

Full Name (Last, First, Middle Initial)

Mailing Address 5815 HANOVER RD

City Hanover State MI Zip Code 49241-9724

Purpose of Disbursement
DI-Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2016

FEC Identification Number

C
Transaction ID : BF14312726
Amount of Each Disbursement this Period
1000.00

Memo Item

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

TOTAL This Period (last page this line number only)..... ▶

2250.00

**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"/> 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. CTE WINNIE BRINKS		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016	
Mailing Address 2060 OSCEOLA DR SE		FEC Identification Number C [] Transaction ID : BCEFFA41Bz Amount of Each Disbursement this Period [] 500.00	
City Grand Rapids	State MI	Zip Code 49506-5331	Category/ Type []
Purpose of Disbursement DI- Direct Contribution		Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	

Full Name (Last, First, Middle Initial) B. Mike Callton for State Rep		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016	
Mailing Address PO Box 676		FEC Identification Number C [] Transaction ID : BA2B14E1DB Amount of Each Disbursement this Period [] 1000.00	
City Nashville	State MI	Zip Code 49073-0676	Category/ Type []
Purpose of Disbursement DI- Direct Contribution		Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	

Full Name (Last, First, Middle Initial) C. Committee to Elect Klint Kesto		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016	
Mailing Address PO Box 1193		FEC Identification Number C [] Transaction ID : BC5445B5CE Amount of Each Disbursement this Period [] 1000.00	
City Walled Lake	State MI	Zip Code 48390-5193	Category/ Type []
Purpose of Disbursement DI- Direct Contribution		Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. COMMITTEE TO ELECT JOHN BIZON FOR STATE REPRESENTATIVE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2016

Mailing Address 5420 A BECKLEY RD #349

FEC Identification Number

C []

Transaction ID : B939B2B37E
Amount of Each Disbursement this Period

[] 500.00

Memo Item

City Battle Creek State MI Zip Code 49015-4123

Purpose of Disbursement
DI- Direct Contribution

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District: Michigan

Full Name (Last, First, Middle Initial)

B. Janee' Ayers for Detroit

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	01	/	2016

Mailing Address PO Box 44562

FEC Identification Number

C []

Transaction ID : B572C6DE97I
Amount of Each Disbursement this Period

[] 500.00

Memo Item

City Detroit State MI Zip Code 48244-0562

Purpose of Disbursement
DI-Direct Contribution to Local Candidate

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District: Michigan

Full Name (Last, First, Middle Initial)

C. Friends of Jim Ananich

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2016

Mailing Address 932 Maxine

FEC Identification Number

C []

Transaction ID : B9996924304
Amount of Each Disbursement this Period

[] 2500.00

Memo Item

City Flint State MI Zip Code 48503-5319

Purpose of Disbursement
DI- Direct Contribution

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District: Michigan

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"/> 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 Schuette for Attorney General		Date of Disbursement MM / DD / YYYY 07 / 07 / 2016
Mailing Address PO Box 27188		FEC Identification Number C [] Transaction ID : B1698385784 Amount of Each Disbursement this Period 5000.00
City Lansing	State MI	Zip Code 48909
Purpose of Disbursement DI-Direct Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. John Proos For State Senate		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016
Mailing Address Po Box 271		FEC Identification Number C [] Transaction ID : B59D9284EA! Amount of Each Disbursement this Period 500.00
City St. Joseph	State MI	Zip Code 49085
Purpose of Disbursement DI- Direct Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT TOM COCHRAN TO THE 67TH DISTRICT		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 418 COPPERSMITH DR		FEC Identification Number C [] Transaction ID : B7577FBA3C Amount of Each Disbursement this Period 500.00
City Mason	State MI	Zip Code 48854-1398
Purpose of Disbursement DI- Direct Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Tom Leonard for State Representative

Full Name (Last, First, Middle Initial)

Mailing Address 14840 Robinwood Drive

City Lansing State MI Zip Code 48906-9230

Purpose of Disbursement DI- Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

Date of Disbursement 08 / 18 / 2016

FEC Identification Number C

Transaction ID : **BD103B09B1**

Amount of Each Disbursement this Period 1050.00

Memo Item

B. FRIENDS TO ELECT MICHELE HOITENGA FOR STATE REP

Full Name (Last, First, Middle Initial)

Mailing Address 226 ROBERTS ST

City Manton State MI Zip Code 49663-8533

Purpose of Disbursement DI-Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

Date of Disbursement 09 / 20 / 2016

FEC Identification Number C

Transaction ID : **B8A44EA2B6**

Amount of Each Disbursement this Period 300.00

Memo Item

C. Friends for Scott Dianda

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 81

City Calumet State MI Zip Code 49913

Purpose of Disbursement DI- Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

Date of Disbursement 09 / 15 / 2016

FEC Identification Number C

Transaction ID : **B18C90A951**

Amount of Each Disbursement this Period 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1850.00

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"/> 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. BEN FREDERICK FOR STATE REPRESENTATIVE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 600 N WATER

M M M	/	D D D	/	Y Y Y Y Y
09		21		2016

City Owosso State MI Zip Code 48867-2258

FEC Identification Number

Purpose of Disbursement
DI- Direct Contribution

C

Candidate Name

Transaction ID : B9A4B7CB08
Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Michigan

2016	1000.00
------	---------

Memo Item

B. COMMITTEE TO ELECT SHELDON A NEELEY

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2305 BEGOLE ST

M M M	/	D D D	/	Y Y Y Y Y
08		05		2016

City Flint State MI Zip Code 48504-3119

FEC Identification Number

Purpose of Disbursement
DI- Direct Contribution

C

Candidate Name

Transaction ID : BCC09B0A55
Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Michigan

2016	500.00
------	--------

Memo Item

C. Rick Jones For State Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P O Box 115

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

City Grand Ledge State MI Zip Code 48837

FEC Identification Number

Purpose of Disbursement
DI- Direct Contribution

C

Candidate Name

Transaction ID : B6074374751
Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Michigan

2018	1000.00
------	---------

Memo Item

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

TOTAL This Period (last page this line number only)..... ▶

2500.00

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**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"/> 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 TRISTON COLE		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address 241 E EDDY SCHOOL RD		FEC Identification Number C [] Transaction ID : B12431718A1 Amount of Each Disbursement this Period [] 1000.00
City Mancelona	State MI	Zip Code 49659-8644
Purpose of Disbursement DI- Direct Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. George T Darany for State Rep		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 17835 Oakwood		FEC Identification Number C [] Transaction ID : B9D07D8C90 Amount of Each Disbursement this Period [] 500.00
City Dearborn	State MI	Zip Code 48124
Purpose of Disbursement DI- Direct Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. MARGARET OBRIEN FOR STATE SENATE		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016
Mailing Address PO BOX 2318		FEC Identification Number C [] Transaction ID : B337D4A648 Amount of Each Disbursement this Period [] 1000.00
City Portage	State MI	Zip Code 49081-2318
Purpose of Disbursement DI- Direct Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 BRIAN ELDER		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address PO BOX 66		FEC Identification Number C [REDACTED] Transaction ID : BF63496D64f Amount of Each Disbursement this Period 500.00
City Bay City	State MI	Zip Code 48707-0066
Purpose of Disbursement DI-Direct Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT JIM TEDDER		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016
Mailing Address 4900 LAKEVIEW BLVD		FEC Identification Number C [REDACTED] Transaction ID : B748E55377f Amount of Each Disbursement this Period 1000.00
City Clarkston	State MI	Zip Code 48348-3834
Purpose of Disbursement DI- Direct Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. CTE Dan Lauwers		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address 12401 Speaker Road		FEC Identification Number C [REDACTED] Transaction ID : B56CFF5693 Amount of Each Disbursement this Period 500.00
City Brockway	State MI	Zip Code 48097-3209
Purpose of Disbursement DI- Direct Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

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"/> 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. COMMITTEE TO ELECT BRETT ROBERTS		Date of Disbursement MM / DD / YYYY 07 / 12 / 2016
Mailing Address 3494 SHERMAN RD		FEC Identification Number C [REDACTED] Transaction ID : BFF792C772I Amount of Each Disbursement this Period [REDACTED] 200.00
City Charlotte	State MI	Zip Code 48813-8173
Purpose of Disbursement DI-Direct Contribution		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Candice Miller for Macomb		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address PO Box 694		FEC Identification Number C [REDACTED] Transaction ID : B2F3F8F15FE Amount of Each Disbursement this Period [REDACTED] 500.00
City Mount Clemens	State MI	Zip Code 48046-0694
Purpose of Disbursement DI-Direct Contribution to Local Candidate		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Committee to Elect Edward J Canfield		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 933 E MAIN ST		FEC Identification Number C [REDACTED] Transaction ID : BD0F29EDD! Amount of Each Disbursement this Period [REDACTED] 1000.00
City Sebewaing	State MI	Zip Code 48759-1636
Purpose of Disbursement DI-Direct Contribution		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

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

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 1700.00
[REDACTED]

**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"/> 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. BETH GRIFFIN FOR STATE REP		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address PO BOX 29		FEC Identification Number C [] Transaction ID : BF2220F571A Amount of Each Disbursement this Period [] 250.00
City Paw Paw	State MI	Zip Code 49079-0029
Purpose of Disbursement DI-Direct Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT ROGER HAUCK		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO BOX 985		FEC Identification Number C [] Transaction ID : B76A048C09Z Amount of Each Disbursement this Period [] 500.00
City Mount Pleasant	State MI	Zip Code 48804-0985
Purpose of Disbursement DI-Direct Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT CURT VANDERWALL		Date of Disbursement MM / DD / YYYY 08 / 25 / 2016
Mailing Address 4906 RASMUSSEN RD		FEC Identification Number C [] Transaction ID : B94A026F25 Amount of Each Disbursement this Period [] 500.00
City Ludington	State MI	Zip Code 49431-1253
Purpose of Disbursement DI-Direct Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	Memo Item <input type="checkbox"/>	

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"/> 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 Holly Hughes		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address 8801 Lehman		FEC Identification Number C Transaction ID : BA5DB98FF6 Amount of Each Disbursement this Period 500.00
City Montague	State MI	
Purpose of Disbursement DI- Direct Contribution	Zip Code 49437	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:		

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT SYLVIA SANTANA		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016
Mailing Address 5700 BRACE ST		FEC Identification Number C Transaction ID : BAA8944B90I Amount of Each Disbursement this Period 500.00
City Detroit	State MI	
Purpose of Disbursement DI-Direct Contribution	Zip Code 48228-4751	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:		

Full Name (Last, First, Middle Initial) C. FRIENDS OF KRISTY PAGAN		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO BOX 871451		FEC Identification Number C Transaction ID : B224F5B11B Amount of Each Disbursement this Period 1000.00
City Canton	State MI	
Purpose of Disbursement DI- Direct Contribution	Zip Code 48187-6851	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:		

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

TOTAL This Period (last page this line number only)..... ▶

2000.00

**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"/> 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. COMMITTEE TO ELECT JOHN BIZON FOR STATE REPRESENTATIVE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

Mailing Address 5420 A BECKLEY RD #349

FEC Identification Number

C []
Transaction ID : BA9AC290FE
 Amount of Each Disbursement this Period
 [] 1000.00

City Battle Creek State MI Zip Code 49015-4123

Purpose of Disbursement
DI- Direct Contribution

[]
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Michigan

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Phil Phelps

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2016

Mailing Address 1021 KENSINGTON AVE

FEC Identification Number

C []
Transaction ID : B9D1685104A
 Amount of Each Disbursement this Period
 [] 1000.00

City Flint State MI Zip Code 48503-5311

Purpose of Disbursement
DI- Direct Contribution

[]
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Michigan

Memo Item

Full Name (Last, First, Middle Initial)

C. LEE CHATFIELD FOR STATE REPRESENTATIVE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

Mailing Address 2481 US 31 N

FEC Identification Number

C []
Transaction ID : B096321373z
 Amount of Each Disbursement this Period
 [] 500.00

City Levering State MI Zip Code 49755-9357

Purpose of Disbursement
DI- Direct Contribution

[]
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Michigan

Memo Item

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

TOTAL This Period (last page this line number only)..... ▶

[] 2500.00
[]

**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"/> 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 TOM COCHRAN TO THE 67TH DISTRICT

Full Name (Last, First, Middle Initial)
Mailing Address 418 COPPERSMITH DR

City Mason State MI Zip Code 48854-1398

Purpose of Disbursement DI-Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

Date of Disbursement: 07 / 20 / 2016

FEC Identification Number: C
Transaction ID : B628812CDC
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Committee to Elect Derek Miller (Treasurer)

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 143

City Warren State MI Zip Code 48090-0143

Purpose of Disbursement DI-Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

Date of Disbursement: 09 / 08 / 2016

FEC Identification Number: C
Transaction ID : BD247A6F61
Amount of Each Disbursement this Period: 300.00

Memo Item

C. MAC PAC

Full Name (Last, First, Middle Initial)
Mailing Address 208 N CAPITOL AVE FL 3

City Lansing State MI Zip Code 48933-1356

Purpose of Disbursement DI-Direct Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) Michigan

State: District:

Date of Disbursement: 07 / 12 / 2016

FEC Identification Number: C
Transaction ID : BC6D23933F
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2300.00

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"/> 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. Singh for Michigan		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address PO Box 791		FEC Identification Number C [] Transaction ID : BC00029881E Amount of Each Disbursement this Period [] 2000.00	
City East Lansing	State MI	Zip Code 48826-0791	Category/ Type []
Purpose of Disbursement DI- Direct Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. HERTEL TAKE BACK THE SENATE FUND		Date of Disbursement MM / DD / YYYY 07 / 14 / 2016	
Mailing Address 2747 SOUTHWOOD DRIVE		FEC Identification Number C [] Transaction ID : BD3858516A4 Amount of Each Disbursement this Period [] 1000.00	
City East Lansing	State MI	Zip Code 48823-2344	Category/ Type []
Purpose of Disbursement DI-Direct Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Vision for Victory		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address PO BOX 1189		FEC Identification Number C [] Transaction ID : B73193ACFE Amount of Each Disbursement this Period [] 3500.00	
City Mount Pleasant	State MI	Zip Code 48804-1189	Category/ Type []
Purpose of Disbursement DI- Direct Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 6500.00
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"/> 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. ADAM ZEMKE ENGINEERING MICHIGAN'S FUTURE

Mailing Address 2860 GLADSTONE

City Ann Arbor State MI Zip Code 48104-6433

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) Michigan

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2016

FEC Identification Number

C
Transaction ID : B2226CF3DE
 Amount of Each Disbursement this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GREIG WOMEN IN LEADERSHIP FUND

Mailing Address PO BOX 587

City Farmington State MI Zip Code 48332-0587

Purpose of Disbursement
DI-Direct Contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) Michigan

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2016

FEC Identification Number

C
Transaction ID : BE2D2B3415I
 Amount of Each Disbursement this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GARCIA MAJORITY FUND

Mailing Address PO BOX 1234

City Holland State MI Zip Code 49422-1234

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) Michigan

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2016

FEC Identification Number

C
Transaction ID : B9BC5B7A6
 Amount of Each Disbursement this Period
 1000.00

Memo Item

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

TOTAL This Period (last page this line number only)..... ▶

2250.00

**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"/> 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. MOVING MICHIGAN FORWARD FUND II

Mailing Address 106 W ALLEGAN SUITE 200

City Lansing State MI Zip Code 48933-1720

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Michigan

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2016

FEC Identification Number

C
Transaction ID : BF8705D1FC
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Moving Michigan Forward

Mailing Address 4025 Timberland Dr SE

City Grand Rapids State MI Zip Code 49508-8886

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Michigan

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2016

FEC Identification Number

C
Transaction ID : BB18C7C2D4
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COMPETE MICHIGAN POLITICAL ACTION COMMITTEE

Mailing Address 113 W MICHIGAN STE 301

City Jackson State MI Zip Code 49201-1340

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Michigan

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2016

FEC Identification Number

C
Transaction ID : BCF1156071
Amount of Each Disbursement this Period
1000.00

Memo Item

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

TOTAL This Period (last page this line number only)..... ▶

4500.00

**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"/> 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. Singh for Michigan		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016
Mailing Address PO Box 791		FEC Identification Number C [REDACTED] Transaction ID : B5B1124608/ Amount of Each Disbursement this Period 1000.00
City East Lansing	State MI	Zip Code 48826-0791
Purpose of Disbursement DI- Direct Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Senate Democratic Fund		Date of Disbursement MM / DD / YYYY 08 / 31 / 2016
Mailing Address P.o. Box 111		FEC Identification Number C [REDACTED] Transaction ID : B218BF69B4/ Amount of Each Disbursement this Period 5000.00
City Lansing	State MI	Zip Code 48909
Purpose of Disbursement DI- Direct Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Vision for Victory		Date of Disbursement MM / DD / YYYY 08 / 11 / 2016
Mailing Address PO BOX 1189		FEC Identification Number C [REDACTED] Transaction ID : B23ADED42/ Amount of Each Disbursement this Period 2500.00
City Mount Pleasant	State MI	Zip Code 48804-1189
Purpose of Disbursement DI- Direct Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	8500.00
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"/> 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. Rebekah Warren Envision Michigan Pac

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 234 8th Street

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

City Ann Arbor State MI Zip Code 48103

FEC Identification Number

Purpose of Disbursement
DI- Direct Contribution

C

Candidate Name

Transaction ID : BDCF3EF5F3
Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Michigan

500.00

Memo Item

B. Marleau for Michigan

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 3232 PICKWICK PL

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

City Lansing State MI Zip Code 48917-1718

FEC Identification Number

Purpose of Disbursement
DI- Direct Contribution

C

Candidate Name

Transaction ID : B731C91F179
Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Michigan

2500.00

Memo Item

C. Stamas Leadership PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1731 Blue Grass Road

M M M	/	D D D	/	Y Y Y Y Y
09		21		2016

City Lansing State MI Zip Code 48906-1337

FEC Identification Number

Purpose of Disbursement
DI- Direct Contribution

C

Candidate Name

Transaction ID : B40FC9421B
Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Michigan

2500.00

Memo Item

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

TOTAL This Period (last page this line number only)..... ▶

5500.00

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**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"/> 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. KOSOWSKI FOR MICHIGANS FUTURE

Mailing Address 450 N BRYAR STREET

City Westland State MI Zip Code 48185-3221

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) Michigan

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number

C
Transaction ID : B3FC7DBB4!
 Amount of Each Disbursement this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SCHOR LEADERSHIP FUND

Mailing Address PO BOX 13073

City Lansing State MI Zip Code 48901-3073

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) Michigan

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2016

FEC Identification Number

C
Transaction ID : B87DEF8F5!
 Amount of Each Disbursement this Period
 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KNEZEK FOR MICHIGAN PAC

Mailing Address 101 S WASHINGTON SQUARE SUITE 620

City Lansing State MI Zip Code 48933-1708

Purpose of Disbursement
DI- Direct Contribution

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) Michigan

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2016

FEC Identification Number

C
Transaction ID : B1B4AF4ED!
 Amount of Each Disbursement this Period
 1000.00

Memo Item

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

TOTAL This Period (last page this line number only)..... ▶

2500.00

**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"/> 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. Greimel for Michigan		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address PO Box 16045		FEC Identification Number C [] Transaction ID : B2AC60737D Amount of Each Disbursement this Period [] 2500.00	
City Lansing	State MI	Zip Code 48901-6045	Category/ Type []
Purpose of Disbursement DI- Direct Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. VERHEULEN LEADERSHIP FUND		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016	
Mailing Address 4167 IMPERIAL DR		FEC Identification Number C [] Transaction ID : BDAE06DA7E Amount of Each Disbursement this Period [] 1000.00	
City Walker	State MI	Zip Code 49534-3483	Category/ Type []
Purpose of Disbursement DI- Direct Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Greimel for Michigan		Date of Disbursement MM / DD / YYYY 09 / 14 / 2016	
Mailing Address PO Box 16045		FEC Identification Number C [] Transaction ID : BF79D35953 Amount of Each Disbursement this Period [] 2500.00	
City Lansing	State MI	Zip Code 48901-6045	Category/ Type []
Purpose of Disbursement DI- Direct Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan		Memo Item <input type="checkbox"/>
State: District:			

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. LIBERATI FOR MICHIGAN		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016	
Mailing Address 9068 QUANDT		FEC Identification Number C [REDACTED] Transaction ID : B1AA6D949E Amount of Each Disbursement this Period 500.00	
City Allen Park	State MI	Zip Code 48101-1584	Category/ Type
Purpose of Disbursement DI- Direct Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Kowall Majority Fund		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016	
Mailing Address 208 N CAPITOL AVE FLOOR 3		FEC Identification Number C [REDACTED] Transaction ID : BF8C97E92C Amount of Each Disbursement this Period 2000.00	
City Lansing	State MI	Zip Code 48933-1356	Category/ Type
Purpose of Disbursement DI- Direct Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Pscholka Results PAC		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 5810 Longhorn Trail		FEC Identification Number C [REDACTED] Transaction ID : B8C6C58C93 Amount of Each Disbursement this Period 1000.00	
City Stevensville	State MI	Zip Code 49127-9402	Category/ Type
Purpose of Disbursement DI- Direct Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan		<input type="checkbox"/> Memo Item
State: District:			

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"/> 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. ADAM ZEMKE ENGINEERING MICHIGAN'S FUTURE		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address 2860 GLADSTONE		FEC Identification Number C []
City Ann Arbor	State MI	Zip Code 48104-6433
Purpose of Disbursement DI- Direct Contribution		Transaction ID : B6AF6E8AE#
Candidate Name		Amount of Each Disbursement this Period [] 2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period []
Candidate Name		<input type="checkbox"/> Memo Item
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period []
Candidate Name		<input type="checkbox"/> Memo Item
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2000.00
TOTAL This Period (last page this line number only).....▶	[] 98925.00