

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.
Blue Cross Blue Shield of Michigan PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)
 -

2. **FEC IDENTIFICATION NUMBER** ▼ **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Mark Cook

Signature of Treasurer Mark Cook [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="360637.74"/>	<input type="text" value="360637.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="360637.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="141340.94"/>	<input type="text" value="141340.94"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="501978.68"/>	<input type="text" value="501978.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="117611.76"/>	<input type="text" value="117611.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="384366.92"/>	<input type="text" value="384366.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	24369.00	24369.00
(ii) Unitemized	116870.24	116870.24
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	141239.24	141239.24
(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)	141239.24	141239.24
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.).....	101.70	101.70
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))..... ▶	141340.94	141340.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	141340.94	141340.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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	55.59	55.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	55.59	55.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	27500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	90056.17	90056.17
30. Federal Election Activity (2 U.S.C. §431(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)) ..	117611.76	117611.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	117611.76	117611.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	141239.24	141239.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	141239.24	141239.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	55.59	55.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	55.59	55.59

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 63
	<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. Lynda Rossi
Full Name (Last, First, Middle Initial)

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 Blue Cross Blue Shield of Michigan	Occupation SVP Publ Aff & Chf Of Stf
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : A04D4C0A698D440D0A10

Amount of Each Receipt this Period

600.00

Payroll Deduction: \$100.00/Bi-Weekly

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

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 Blue Cross Blue Shield of Michigan	Occupation Svp Subsidiary Operations
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : AE66432D351664CE79AA

Amount of Each Receipt this Period

450.00

Payroll Deduction: \$75.00/Bi-Weekly

C. Michael Britt
Full Name (Last, First, Middle Initial)

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 Accident Fund Insurance Company of Ame	Occupation President Af Ins Co Of America
--	--

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
03	/	20	/	2014

Transaction ID : A4A2444FCF589444D8E9

Amount of Each Receipt this Period

360.00

Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1410.00
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 63
	<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. David Share
Full Name (Last, First, Middle Initial)
Mailing Address 1225 Fair Oaks Pkwy
City Ann Arbor State MI Zip Code 48104-3628
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation SVP Value Partnerships
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A11B2FAEE7A7F4D659C7
Amount of Each Receipt this Period 360.00
Payroll Deduction: \$60.00/Bi-Weekly

B. Jeffrey Connolly
Full Name (Last, First, Middle Initial)
Mailing Address 12500 Bluff Hollow Trl
City Traverse City State MI Zip Code 49686-8402
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Bcbasm&pres W Mi Ops&mgd Car
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 20 / 2014
Transaction ID : AF32835A16D46448AA40
Amount of Each Receipt this Period 360.00
Payroll Deduction: \$60.00/Bi-Weekly

C. Anthony Phillips
Full Name (Last, First, Middle Initial)
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 Accident Fund Insurance Company of Ame Occupation VP, Chief RO & Chief Actuary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A383CDE54CAE84BF3867
Amount of Each Receipt this Period 360.00
Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
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 63
	<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. Carol Gawronski
Full Name (Last, First, Middle Initial)
Mailing Address 12240 Rohn Rd
City Fenton State MI Zip Code 48430-9519
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **360.00**

Date of Receipt **03 / 20 / 2014**
Transaction ID : A409D6D4274A34B488CD
Amount of Each Receipt this Period **360.00**
Payroll Deduction: \$60.00/Bi-Weekly

B. Juanita Savage
Full Name (Last, First, Middle Initial)
Mailing Address 25646 Castlereigh Dr
City Farmington Hills State MI Zip Code 48336-1523
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation Director II
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **360.00**

Date of Receipt **03 / 20 / 2014**
Transaction ID : A9E3E84035EA441B7AF8
Amount of Each Receipt this Period **360.00**
Payroll Deduction: \$60.00/Bi-Weekly

C. Darrell Middleton
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Shield of Michigan Occupation EVP Ops & Business Perform
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **360.00**

Date of Receipt **03 / 20 / 2014**
Transaction ID : A770C656F3A3F4EB7B16
Amount of Each Receipt this Period **360.00**
Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1080.00
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 9 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Laura Marble

Mailing Address 1880 Golf Ridge Dr S

City State Zip Code
Bloomfield Township MI 48302-1737

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan VP Mi Delivery System&support

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
 03 / 20 / 2014
Transaction ID : A7C5273C5E54D4BD9833

Amount of Each Receipt this Period
360.00

Payroll Deduction: \$60.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. Tricia Keith

Mailing Address 1918 Lloyd Ave

City State Zip Code
Royal Oak MI 48073-3803

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan SVP Corporate Secy & Services

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
 03 / 20 / 2014
Transaction ID : A5CE5853FD845453AA8E

Amount of Each Receipt this Period
360.00

Payroll Deduction: \$60.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. Frank Freund

Mailing Address 2949 Audrey's Way

City State Zip Code
East Lansing MI 48823-7372

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

Name of Employer Occupation
Accident Fund Insurance Company of Ame EVP, Corp Performance & CFO

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
 03 / 20 / 2014
Transaction ID : A6146833C9288469C8FF

Amount of Each Receipt this Period
360.00

Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1080.00

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 63
	<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. Joseph Hohner
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Michigan Occupation EVP Health Care Value
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **03 / 20 / 2014**
Transaction ID : A06FB9BDD53D843DB91C
 Amount of Each Receipt this Period **360.00**
 Payroll Deduction: \$60.00/Bi-Weekly

B. Mark Bartlett
 Full Name (Last, First, Middle Initial)
 Mailing Address 49546 Hollywood Dr
 City Canton State MI Zip Code 48187-1162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Michigan Occupation Evp CFO & Pres Emerg Mkts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **03 / 20 / 2014**
Transaction ID : AD64D7A120E5149A8909
 Amount of Each Receipt this Period **360.00**
 Payroll Deduction: \$60.00/Bi-Weekly

C. Kenneth Dallafior
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Michigan Occupation EVP Grp Business & Corp Mktg
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **03 / 20 / 2014**
Transaction ID : AA0E4BF8F77454682AD9
 Amount of Each Receipt this Period **360.00**
 Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1080.00
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 63
	<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. Susan Kluge
 Full Name (Last, First, Middle Initial)
 Mailing Address 10795 Stoney Point Dr
 City South Lyon State MI Zip Code 48178-9820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Michigan Occupation Svp & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A899207CB6C4C49DBBAC
 Amount of Each Receipt this Period 360.00
 Payroll Deduction: \$60.00/Bi-Weekly

B. Steven Reynolds
 Full Name (Last, First, Middle Initial)
 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 Accident Fund Insurance Company of Ame Occupation VP, Corporate Sec and Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 03 / 20 / 2014
Transaction ID : ADB885E6EBE004F7E9FE
 Amount of Each Receipt this Period 390.00
 Payroll Deduction: \$65.00/Bi-Weekly

C. Michele Samuels
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Michigan Occupation VP Gnrl Aud & Corp Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A7F3D7450B3054E26A85
 Amount of Each Receipt this Period 360.00
 Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1110.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 63
	<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. Marc Keshishian
Full Name (Last, First, Middle Initial)

Mailing Address 30498 Fox Club Dr

City Farmington Hills State MI Zip Code 48331-1956

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Svp & Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A22343B3B5A3A48D7B79

Amount of Each Receipt this Period 360.00

Payroll Deduction: \$60.00/Bi-Weekly

B. Daniel Loepf
Full Name (Last, First, Middle Initial)

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 Blue Cross Blue Shield of Michigan Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A239BE4CD55A14EA3938

Amount of Each Receipt this Period 360.00

Payroll Deduction: \$60.00/Bi-Weekly

C. Thomas Simmer
Full Name (Last, First, Middle Initial)

Mailing Address 4975 S Ridgeside Cir

City Ann Arbor State MI Zip Code 48105-9447

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Svp & Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A9FA57AA75AD143C2A92

Amount of Each Receipt this Period 360.00

Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
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 63
	<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. Susan Barkell
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Shield of Michigan Occupation SVP Health Care Value
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A7766565AF194406B930
Amount of Each Receipt this Period 360.00
Payroll Deduction: \$60.00/Bi-Weekly

B. William Carney
Full Name (Last, First, Middle Initial)
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 Accident Fund Insurance Company of Ame Occupation VP, Chief Underwriting Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : AE8592EDA3DFA4743995
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

C. Carl Siebers
Full Name (Last, First, Middle Initial)
Mailing Address 232 Quail Ridge Dr NE
City Ada State MI Zip Code 49301-8778
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Claims Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : AA29EF566D9E64AFA9FD
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
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 63
	<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. Brian Armstrong
Full Name (Last, First, Middle Initial)
Mailing Address 1363 N Creek Dr
City Wixom State MI Zip Code 48393-1638
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Group Sales Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : AC23A4B5387B246AB9AB
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

B.Carolynn Walton
Full Name (Last, First, Middle Initial)
Mailing Address 5835 Pinecroft Dr
City West Bloomfield State MI Zip Code 48322-1669
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation VP & Treasurer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A967ADD73FF654551838
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

C. Richard Znidarsic
Full Name (Last, First, Middle Initial)
Mailing Address 14970 Forest Hill Road
City Grand Ledge State MI Zip Code 48837-9223
FEC ID number of contributing federal political committee. **C**
Name of Employer Accident Fund Insurance Company of Ame Occupation VP, Information Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : AC22342CF01E04459B52
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 15 OF 63
	(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. Seth Crawford
Full Name (Last, First, Middle Initial)
Mailing Address 28736 Stonewall Ct
City Novi State MI Zip Code 48377-2720
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Underwriting & Actural Svcs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A55DA9622C5CF4DF58AE
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

B. Karriem Shakoor
Full Name (Last, First, Middle Initial)
Mailing Address 4822 Trailview
City West Bloomfield State MI Zip Code 48322-4572
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation Sr Dir IT Shared Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A973A492FB3844A92950
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

C. Ronald Berry
Full Name (Last, First, Middle Initial)
Mailing Address 1043 Woods Ln
City Grosse Pointe Woods State MI Zip Code 48236-1156
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2014
Transaction ID : AC06747AD2D024F82BC4
Amount of Each Receipt this Period 300.00
Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 840.00
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 63
	<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. Daniel Martin
Full Name (Last, First, Middle Initial)

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 Blue Cross Blue Shield of Michigan	Occupation Dir Provider Outreach
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : A62CB76852E4C45FE8E6

Amount of Each Receipt this Period
270.00

Payroll Deduction: \$45.00/Bi-Weekly

B. Cindy Monroe
Full Name (Last, First, Middle Initial)

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 Blue Cross Blue Shield of Michigan	Occupation VP Corporate Strategy
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : A653FF06C058E4353AD5

Amount of Each Receipt this Period
270.00

Payroll Deduction: \$45.00/Bi-Weekly

C. Gail Ross
Full Name (Last, First, Middle Initial)

Mailing Address 322 E Harrison Ave
Unit 26

City Royal Oak	State MI	Zip Code 48067-3284
-------------------	-------------	------------------------

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

Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP Customer Service
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : A6B5AA01E04374F5195C

Amount of Each Receipt this Period
270.00

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 63
	<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. Paul Mozak
Full Name (Last, First, Middle Initial)

Mailing Address 22552 Havergale St

City	State	Zip Code
Novi	MI	48374-3792

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

Name of Employer	Occupation
Blue Cross Blue Shield of Michigan	VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : ABE0F4B1D2D7A4B138EB

Amount of Each Receipt this Period

270.00

Payroll Deduction: \$45.00/Bi-Weekly

B. James Bridges
Full Name (Last, First, Middle Initial)

Mailing Address 33654 Yorkridge St

City	State	Zip Code
Farmington Hills	MI	48331-1547

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

Name of Employer	Occupation
Blue Cross Blue Shield of Michigan	Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : A1F876FB6F5D2493CAA9

Amount of Each Receipt this Period

270.00

Payroll Deduction: \$45.00/Bi-Weekly

C. Gregory Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 37161 Chesapeake Rd

City	State	Zip Code
Farmington Hills	MI	48335-1142

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

Name of Employer	Occupation
Blue Cross Blue Shield of Michigan	VP Corp & Financial Invst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : A3C480C8D4EFF475F964

Amount of Each Receipt this Period

270.00

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 63
	<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. Kathryn Levine
Full Name (Last, First, Middle Initial)
Mailing Address 1788 Pierce St
City Birmingham State MI Zip Code 48009-2056
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Corp Mkting & Cust Experien
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A059B922ACDB24CFBABC
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

B. Keith Adkins
Full Name (Last, First, Middle Initial)
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 Accident Fund Insurance Company of Ame Occupation VP, Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A22CD93F9B791487BBD2
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

C. Mark Cook
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Shield of Michigan Occupation VP Governmental Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A12E204B6D27642D38AF
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 810.00
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 19 OF 63
	(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. John Dunn
Full Name (Last, First, Middle Initial)
Mailing Address 3153 Davenport Ln
City Rochester Hills State MI Zip Code 48309-4283
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Middle & Small Grp Busns
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : **AD3EE5675DB424C77AE2**
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

B. Stephen Kellar
Full Name (Last, First, Middle Initial)
Mailing Address 23268 Mystic Forest Dr
City Novi State MI Zip Code 48375-4013
FEC ID number of contributing federal political committee. **C**
Name of Employer LifeSecure Occupation VP & CFO Lifesecure
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : **A44F19352E69549FAB05**
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

C. Mary Smith
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Shield of Michigan Occupation VP Hlth Care Ctr Of Excllnce
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : **ADC366E72BD444B4AA4C**
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 20 OF 63
	(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

Full Name (Last, First, Middle Initial)
A. Joanne Rusch

Mailing Address 4171 Fallow St

City West Bloomfield State MI Zip Code 48323-1242

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Director II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **03 / 20 / 2014**

Transaction ID : A51EEC980770745B3B17

Amount of Each Receipt this Period **270.00**

Payroll Deduction: \$45.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. Stephen Anderson

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 Blue Cross Blue Shield of Michigan Occupation VP Prov Contr & Ntwk Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **03 / 20 / 2014**

Transaction ID : A5F1302CA2F274AA1B8A

Amount of Each Receipt this Period **270.00**

Payroll Deduction: \$45.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. Laurine Symula Parmely

Mailing Address 5772 Martell Dr

City Troy State MI Zip Code 48085-3160

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation VP and Deputy General Counsl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **03 / 20 / 2014**

Transaction ID : AE6A8A987E78A433DA3B

Amount of Each Receipt this Period **270.00**

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 21 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Linda Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 697 West Lansing Road
 City State Zip Code
 Morrice MI 48857-9649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Accident Fund Insurance Company of Ame VP, Service Center
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : AE2C08E4713414E4BA58
 Amount of Each Receipt this Period
 270.00
 Payroll Deduction: \$45.00/Bi-Weekly

B. Ira Strumwasser
 Full Name (Last, First, Middle Initial)
 Mailing Address 5076 Scio Church Rd
 City State Zip Code
 Ann Arbor MI 48103-9599
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Cross Blue Shield of Michigan VP BCBSM Foundation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : AC45ABF485D854ABEB92
 Amount of Each Receipt this Period
 270.00
 Payroll Deduction: \$45.00/Bi-Weekly

c. Sharon Gipson
 Full Name (Last, First, Middle Initial)
 Mailing Address 33983 Brittany Dr
 City State Zip Code
 Farmington Hills MI 48335-1427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Cross Blue Shield of Michigan Director II
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : AD58DB8209B154C728D9
 Amount of Each Receipt this Period
 270.00
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 810.00
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 63
	<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. Ronald Wood
Full Name (Last, First, Middle Initial)

Mailing Address 29225 Lake Park Dr

City Farmington Hills State MI Zip Code 48331-2661

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : A9333770B35CC4F01918

Amount of Each Receipt this Period
 270.00

Payroll Deduction: \$45.00/Bi-Weekly

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

Mailing Address 25465 Waycross

City Southfield State MI Zip Code 48033-2206

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation VP & Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : A985BF845B5354CC2A05

Amount of Each Receipt this Period
 270.00

Payroll Deduction: \$45.00/Bi-Weekly

C. Terrence Burke
Full Name (Last, First, Middle Initial)

Mailing Address 47195 Victorian Sq N

City Canton State MI Zip Code 48188-6323

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Individual Business Unit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : A0F7EE17A80734DDDB14

Amount of Each Receipt this Period
 270.00

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 63
	<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

Full Name (Last, First, Middle Initial) A. Nancy Wanchik		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 Transaction ID : ABE0606A8C7994F6EB01
Mailing Address 38669 Mystic Ct		Amount of Each Receipt this Period 270.00
City Farmington Hills	State MI	Zip Code 48331-5981
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$45.00/Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP BCBSM and CEO Medicaid	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Darcy Lake Kerr		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 Transaction ID : A755E5E34751742C69E0
Mailing Address 10700 Sunfield Road		Amount of Each Receipt this Period 270.00
City Sunfield	State MI	Zip Code 48890-9746
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$45.00/Bi-Weekly
Name of Employer Accident Fund Insurance Company of Ame	Occupation VP, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Phillip Gillespie		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 Transaction ID : A23EB65E9031B4BE9AA1
Mailing Address 1731 Cranston Ct		Amount of Each Receipt this Period 270.00
City East Lansing	State MI	Zip Code 48823-2248
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$45.00/Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP Bus & Program Dev &Reg Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 63
	<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. Alan Huddy
Full Name (Last, First, Middle Initial)

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 Blue Cross Blue Shield of Michigan Occupation VP Grp & Ind Pricing Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : AA92EBBDF859347E8BF5

Amount of Each Receipt this Period 270.00

Payroll Deduction: \$45.00/Bi-Weekly

B. Michael Sekoni
Full Name (Last, First, Middle Initial)

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 Accident Fund Insurance Company of Ame Occupation VP, & General Auditor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A3D2A7F8F0798475385D

Amount of Each Receipt this Period 270.00

Payroll Deduction: \$45.00/Bi-Weekly

C. Chris Maier
Full Name (Last, First, Middle Initial)

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 Blue Cross Blue Shield of Michigan Occupation VP Claims Enroll & Prgm Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : AB95DF600BA1143C2A4D

Amount of Each Receipt this Period 270.00

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 63
	<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

Full Name (Last, First, Middle Initial)
A. Richard Hetzel

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 Blue Cross Blue Shield of Michigan Occupation VP Corporate Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : A9573561BDDEA415CA90

Amount of Each Receipt this Period
270.00

Payroll Deduction: \$45.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. Jeffrey Rumley

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 Blue Cross Blue Shield of Michigan Occupation VP and General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : A95B8BC40DAB045E0871

Amount of Each Receipt this Period
270.00

Payroll Deduction: \$45.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. Michelle Billingsley

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 Blue Cross Blue Shield of Michigan Occupation VP Bus Intell & IT Delivr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : AE4B045139C02443B91B

Amount of Each Receipt this Period
270.00

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 63
	<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. Alison Pollard
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Shield of Michigan Occupation VP Provider Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A5D7C24B86A2349F1B83
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

B. Elana Kozik
Full Name (Last, First, Middle Initial)
Mailing Address 13109 Vernon Ave
City Huntingtn Wds State MI Zip Code 48070-1451
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Prod/proc Improvement
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : AD26B23B5F7854119B64
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

C. James Lang
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Shield of Michigan Occupation VP Pharmacy Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : AF596DF075DD343A8915
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 63
	<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. Janet Macqueen
Full Name (Last, First, Middle Initial)

Mailing Address 3214 Chesapeake Dr

City Sterling Heights State MI Zip Code 48314-1869

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Chief Info Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
03 / 20 / 2014
Transaction ID : A489D531D23024AB1893

Amount of Each Receipt this Period 270.00

Payroll Deduction: \$45.00/Bi-Weekly

B. Cynthia Dion
Full Name (Last, First, Middle Initial)

Mailing Address 41584 Stonehenge Manor Dr

City Clinton Township State MI Zip Code 48038-4642

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Bus Effic & Continu Imprv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
03 / 20 / 2014
Transaction ID : A5568E9DB35134DD78B3

Amount of Each Receipt this Period 270.00

Payroll Deduction: \$45.00/Bi-Weekly

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

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 Blue Cross Blue Shield of Michigan Occupation VP Specialty Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
03 / 20 / 2014
Transaction ID : A5845BD3CE42D4DF88E2

Amount of Each Receipt this Period 270.00

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 810.00

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 63
	<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. Gary Harvey
Full Name (Last, First, Middle Initial)

Mailing Address 1835 Robindale Ave

City Dearborn	State MI	Zip Code 48128-1047
------------------	-------------	------------------------

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

Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP Information Technology
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : A8CAD17709ED94A0A8F0

Amount of Each Receipt this Period

270.00

Payroll Deduction: \$45.00/Bi-Weekly

B. Amal Berry-Brown
Full Name (Last, First, Middle Initial)

Mailing Address 23047 Beech St

City Dearborn	State MI	Zip Code 48124-2617
------------------	-------------	------------------------

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

Name of Employer Blue Cross Blue Shield of Michigan	Occupation Sr Dir Diversity & Inclusion
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : A128BB2E6B86E43F09D9

Amount of Each Receipt this Period

270.00

Payroll Deduction: \$45.00/Bi-Weekly

C. Mary Goheen
Full Name (Last, First, Middle Initial)

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 Blue Cross Blue Shield of Michigan	Occupation VP Human Resources
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : A805A5370C1684B7083B

Amount of Each Receipt this Period

270.00

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 29 OF 63
	(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. Carla Laethem
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Michigan Occupation VP Hlth & Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : AB11C5201721B4B79815
 Amount of Each Receipt this Period 270.00
 Payroll Deduction: \$45.00/Bi-Weekly

B. Julie Smith
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Michigan Occupation VP Federal Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : A6092314BC94744EAB3B
 Amount of Each Receipt this Period 270.00
 Payroll Deduction: \$45.00/Bi-Weekly

C. David Nelson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Michigan Occupation VP and Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 20 / 2014
Transaction ID : AEA1213D5F8AB40C4941
 Amount of Each Receipt this Period 270.00
 Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 810.00
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 63
	<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. Lisa Riddle
Full Name (Last, First, Middle Initial)

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 Accident Fund Insurance Company of Ame	Occupation VP, Claims & Med Operations
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : A45A7B682746349EEBF8

Amount of Each Receipt this Period
270.00

Payroll Deduction: \$45.00/Bi-Weekly

B. Mark Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 243 Gladwin Ave

City Clawson	State MI	Zip Code 48017-2205
-----------------	-------------	------------------------

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

Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP Ntwk Mgt & Bus Sgmt Align
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : A87581AE38CA24F8E84B

Amount of Each Receipt this Period
270.00

Payroll Deduction: \$45.00/Bi-Weekly

C. Alan Gileczek
Full Name (Last, First, Middle Initial)

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 Accident Fund Insurance Company of Ame	Occupation VP, Bd Regional Operations
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : A560F0F3B0EF24B048D2

Amount of Each Receipt this Period
270.00

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 31 OF 63
	(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. Gary Gavin
Full Name (Last, First, Middle Initial)

Mailing Address 10721 Stoney Point Dr

City	State	Zip Code
South Lyon	MI	48178-9820

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

Name of Employer	Occupation
Blue Cross Blue Shield of Michigan	VP Key & Large Group Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : ADE05722006E348568E8

Amount of Each Receipt this Period

270.00

Payroll Deduction: \$45.00/Bi-Weekly

B. Kevin Klobucar
Full Name (Last, First, Middle Initial)

Mailing Address 2766 Addison Cir N

City	State	Zip Code
Rochester	MI	48306-4912

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

Name of Employer	Occupation
Blue Cross Blue Shield of Michigan	VP Bcbasm & President Bcn

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : AD84F342845AC4136BDB

Amount of Each Receipt this Period

270.00

Payroll Deduction: \$45.00/Bi-Weekly

C. Rick Morrone
Full Name (Last, First, Middle Initial)

Mailing Address 3751 Parker St

City	State	Zip Code
Dearborn	MI	48124-3557

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

Name of Employer	Occupation
Blue Cross Blue Shield of Michigan	VP URMBT & Auto Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : A8C855E8521C64080823

Amount of Each Receipt this Period

270.00

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 63
	<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. Amienne Frenzel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4591 Covered Bridge Rd
 City Bloomfield Hills State MI Zip Code 48302-1831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Service Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : AB9E72D6E696F4659AE9
 Amount of Each Receipt this Period 270.00
 Payroll Deduction: \$45.00/Bi-Weekly

B. Victoria Kell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8175 Hunter Road
 City Bath State MI Zip Code 48808-9459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Accident Fund Insurance Company of Ame Occupation Director, Comp & Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : AB26B45203A764829B78
 Amount of Each Receipt this Period 210.00
 Payroll Deduction: \$35.00/Bi-Weekly

C. James Negro
 Full Name (Last, First, Middle Initial)
 Mailing Address 5270 Inverrary Ln
 City Commerce Twp State MI Zip Code 48382-1048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Michigan Occupation Director Sales Infrm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : AB06BE86A9C6D45A98AB
 Amount of Each Receipt this Period 234.00
 Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	714.00
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 33 OF 63
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

A. James Kallas
Full Name (Last, First, Middle Initial)

Mailing Address 14214 Brooks Edge Cir

City Fishers State IN Zip Code 46040-1281

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation VP of Finance and Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014

Transaction ID : AE1EB00AC857F4203B87

Amount of Each Receipt this Period
 225.00

Payroll Deduction: \$45.00/Bi-Weekly

B.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	24369.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. KIRK FOR SENATE

Mailing Address P.O. BOX 8

City Winnetka State IL Zip Code 60093-0008

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Sen. Mark Steven Kirk

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IL District:

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2014

Transaction ID : **B47536B42FDC64586A12**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Candice Miller For Congress

Mailing Address P.o. Box 791

City Mt. Clemens State MI Zip Code 48046

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Candice S. Miller

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 10

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : **B33BA6FB8875C4E93B66**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TROTT FOR CONGRESS

Mailing Address 2085 E. WEST MAPLE ROAD A-101

City Commerce Township State MI Zip Code 48390-3802

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Dave Trott

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2014

Transaction ID : **B2C1A10F44FE143E88D9**

Amount of Each Disbursement this Period

5000.00

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

TOTAL This Period (last page this line number only)..... ▶

8500.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. DEBBIE DINGELL FOR CONGRESS

Mailing Address PO BOX 746

City Dearborn State MI Zip Code 48121-0746

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Debbie Dingell

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			20			2014			

Transaction ID : B515290C63CB1456799C

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KIRK FOR SENATE

Mailing Address P.O. BOX 8

City Winnetka State IL Zip Code 60093-0008

Purpose of Disbursement
VOID: Check No. 7863

Candidate Name
Sen. Mark Steven Kirk

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			13			2014			

Transaction ID : B77E9CFB781544046905

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. GRASSROOTS ORGANIZING ACTING & LEADING PAC - GOALPAC

Mailing Address PO Box 30344

City Bethesda State MD Zip Code 20824

Purpose of Disbursement
Contribution to Federal Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Other2014

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			16			2014			

Transaction ID : BD2FE317E81EC4653AB5

Amount of Each Disbursement this Period

5000.00

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

TOTAL This Period (last page this line number only)..... ▶

9000.00

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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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Americas Leadership Pac

Mailing Address 607 14th Street Nw
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution to Federal PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) Other2014

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : BDCEBF6E3C6D14BE08F5

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Upton Victory Committee

Mailing Address 228 S. Washington St
Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution to Federal PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : B44511F67F0CF47FFB18

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

TOTAL This Period (last page this line number only)..... ▶

10000.00

27500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Virg Bernero For Lansing

Mailing Address 2200 E. Michigan Ave.

City Lansing State MI Zip Code 48912

Purpose of Disbursement
Virg Bernero; Local Candidate; Mayor; Lansing

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	4

Transaction ID : BFAA04B7EE09D4479B68

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Al Pscholka for State Rep

Mailing Address 5810 Longhorn Trail

City Stevensville State MI Zip Code 49127

Purpose of Disbursement
Al Pscholka, State House, 79th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	4

Transaction ID : BD89C202A988E498DAE6

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Dave Robertson for State Senate

Mailing Address PO Box 181

City Grand Blanc State MI Zip Code 48480

Purpose of Disbursement
Dave Robertson, State Senate, 26th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	4

Transaction ID : B7064A04851B8411B84D

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Bradford Jacobsen

Mailing Address PO Box 250

City Oxford State MI Zip Code 48371

Purpose of Disbursement
Bradford Jacobsen, State House, 46th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : B376D05791CBD4D24A44

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Rebekah Warren for State Senate

Mailing Address 234 Eighth Street

City Ann Arbor State MI Zip Code 48103

Purpose of Disbursement
Rebekah Warren, State Senate, 18th district, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2014

Transaction ID : B61D93B41360D4836969

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Lisa Posthumus Lyons

Mailing Address 12020 100th Street

City Alto State MI Zip Code 49302

Purpose of Disbursement
Lisa Lyons, State House, 86th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2014

Transaction ID : BB8C52DE7984B4545B87

Amount of Each Disbursement this Period

1000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Sam Singh for State Representative

Mailing Address PO Box 791

City East Lansing State MI Zip Code 48826-0791

Purpose of Disbursement
Sam Singh, State House, 69th District, MI

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2014

Transaction ID : B0467875BE4A94C2B8D4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Paul Clemente

Mailing Address 2235 Fort Park Blvd

City Lincoln Park State MI Zip Code 48146

Purpose of Disbursement
Paul Clemente, State House, 14th District, MI

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2014

Transaction ID : B3B0DBDD9EA44474FAF6

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kevin Cotter for State Representative

Mailing Address 2767 Eland Ct

City Mt Pleasant State MI Zip Code 48858

Purpose of Disbursement
Kevin Cotter, State House, 99th District, MI

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : BC01677F338444737A68

Amount of Each Disbursement this Period

1000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Rick Outman for State Representative

Mailing Address 6481 Miles Road

City State Zip Code
Six Lakes MI 48886

Purpose of Disbursement
Rick Outman, State House, 70th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2014

Transaction ID : B5A1F41700A0B41CF970

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Brandon Dillon (State Rep)

Mailing Address 1213 LEWISON NE

City State Zip Code
GRAND RAPIDS MI 49505

Purpose of Disbursement
Brandon Dillon, State House, 75th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : B3A27658D723D4A188E1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Phil Cavanagh for State Rep

Mailing Address 12126 Centralia

City State Zip Code
Redford Twp MI 48239

Purpose of Disbursement
Phil Cavanagh, State House, 10th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : BE17F4CE525254B0FADE

Amount of Each Disbursement this Period

1000.00

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

TOTAL This Period (last page this line number only)..... ▶

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Morris Hood

Mailing Address 8872 Cloverlawn Street

City State Zip Code
Detroit MI 48204-2729

Purpose of Disbursement
Morris Hood, State Senate, 3rd district, MI

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			19			2014			

Transaction ID : BB13B5B9849CA4210B37

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Thomas Stallworth

Mailing Address 18684 Whitcomb

City State Zip Code
Detroit MI 48235

Purpose of Disbursement
Thomas Stallworth, State House, 7th District, MI

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			27			2014			

Transaction ID : B0B43F8C38BA94B08966

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul Muxlow For State Representative

Mailing Address Box 70

City State Zip Code
Brown City MI 48416

Purpose of Disbursement
Pual Muxlow, State House, 83rd District, MI

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			12			2014			

Transaction ID : B9F388BDB244B4AE3A90

Amount of Each Disbursement this Period

1000.00

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

TOTAL This Period (last page this line number only)..... ▶

3000.00

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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Mike Green for Senate

Mailing Address 1500 E. Blackmore Road

City State Zip Code
Mayville MI 48744

Purpose of Disbursement
Mike Green, State Senate, 31st District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	13	/	2014

Transaction ID : **BB4B986C542DD40E289C**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Hoon-Yung Hopgood for State Senate

Mailing Address 10815 Westlake Street

City State Zip Code
Taylor MI 48180

Purpose of Disbursement
Hoon-Yung Hopgood, State Senate, 8th district, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	25	/	2014

Transaction ID : **BC288C1E128994DA38A9**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Andy Schor

Mailing Address 1800 Shubel Ave

City State Zip Code
Lansing MI 48910-1853

Purpose of Disbursement
Andy Schor, State House, 68th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : **B39FEF600694749AC873**

Amount of Each Disbursement this Period

500.00

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

2000.00

TOTAL This Period (last page this line number only)..... ▶

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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Judy Emmons for State Senate

Mailing Address 506 E. Carson City Rd

City Sheridian State MI Zip Code 48884

Purpose of Disbursement
Judy Emmons, State Senate, 33rd District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : B751ECECF29ABE4058B37

Amount of Each Disbursement this Period

1000.00

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
Brian Banks, State House, 1st District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : B742EC3171D9440029D6

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert A. Ficano Committee

Mailing Address Po Box 321123

City Detroit State MI Zip Code 48232

Purpose of Disbursement
Contribution to Local Candidate

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2014

Transaction ID : B4C860EAD3D8E436194D

Amount of Each Disbursement this Period

1000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

A. Friends of Jim Townsend

Mailing Address PO Box 213

City State Zip Code
Royal Oak MI 48068

Purpose of Disbursement
Jim Townsend, State House, 26th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	1			2	0	1	4		

Transaction ID : BB78C5283D1CF4372954

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CTE Virgil Smith State Senator

Mailing Address 20445 Sheffield

City State Zip Code
Detroit MI 48221

Purpose of Disbursement
Virgil Smith, State Senate, 4th district, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	1			2	0	1	4		

Transaction ID : B3ED6D56C63BF45C7840

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Ben Glardon for State Representative

Mailing Address PO Box 1746

City State Zip Code
Owosso MI 48867

Purpose of Disbursement
Ben Glardon, State House, 85th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	5			2	0	1	4		

Transaction ID : B42C0B78EA3C04C24BF3

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

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

TOTAL This Period (last page this line number only)..... ▶

2	5	0	.	0	0
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1	0	0	.	0	0
---	---	---	---	---	---

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)

Grid for line numbers 21b through 30b with checkboxes, where 29 is checked.

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

Full Name (Last, First, Middle Initial)

A. Ruth Johnson for Michigan

Mailing Address 11750 Eagle Road

City Davisburg State MI Zip Code 48350

Purpose of Disbursement Ruth Johnson, Secretary of State, MI

Candidate Name

Office Sought: House, Senate, President

Disbursement For: 2014 Primary, General, Other (specify) Michigan2014

Date of Disbursement

Date selection grid showing 03/19/2014

Transaction ID : B4FEF07BC64E3455A9D3

Amount of Each Disbursement this Period

Amount selection grid showing 1000.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Ed McBroom

Mailing Address N873 Thaler Drive

City Vulcan State MI Zip Code 49892

Purpose of Disbursement Ed McBroom, State House, 108th District, MI

Candidate Name

Office Sought: House, Senate, President

Disbursement For: 2014 Primary, General, Other (specify) Michigan2014

Date of Disbursement

Date selection grid showing 03/06/2014

Transaction ID : B665C3AA6A7FA43ADBCC

Amount of Each Disbursement this Period

Amount selection grid showing 1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Jim Stamas

Mailing Address 5915 Eastman Ave Ste 100

City Midland State MI Zip Code 48640

Purpose of Disbursement Jim Stamas, State House, 98th District, MI

Candidate Name

Office Sought: House, Senate, President

Disbursement For: 2014 Primary, General, Other (specify) Michigan2014

Date of Disbursement

Date selection grid showing 01/15/2014

Transaction ID : B0414AC69DAB04CC6BD7

Amount of Each Disbursement this Period

Amount selection grid showing 1000.00

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

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

Subtotal amount selection grid showing 3000.00

Total amount selection grid showing 3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 63
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input checked="" type="checkbox"/> 29 <input type="checkbox"/> 30b	

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

A. Committee to Elect Peter MacGregor

Full Name (Last, First, Middle Initial)
Mailing Address 8209 Vista Royale Lane

City Rockford State MI Zip Code 49341

Purpose of Disbursement
Peter MacGregor, State Senate, 28th District, MI

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) **Michigan2014**

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 05 / 2014

Transaction ID : B1B9E426FACDE4F6498F

Amount of Each Disbursement this Period
1000.00

B. Brunner for State Representative

Full Name (Last, First, Middle Initial)
Mailing Address 208 Murphy Street

City Bay City State MI Zip Code 48706

Purpose of Disbursement
Charles Brunner, State House, 96th District, MI

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) **Michigan2014**

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 13 / 2014

Transaction ID : B8B6BF4666DE74FAF855

Amount of Each Disbursement this Period
500.00

C. Friends Of Roger Kahn For Senate

Full Name (Last, First, Middle Initial)
Mailing Address Po Box 1627

City Saginaw State MI Zip Code 48605

Purpose of Disbursement
Roger Kahn, State Senate, 32nd District, MI

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) **Michigan2014**

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 12 / 2014

Transaction ID : B4BE725600E594AFC98A

Amount of Each Disbursement this Period
1000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Jeff Irwin for State Rep

Mailing Address 2542 Bellwood

City Ann Arbor State MI Zip Code 48104

Purpose of Disbursement
Jeff Irwin, State House, 53rd District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

Transaction ID : BBB2058E37BAA4060917

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mike McCready for State Rep

Mailing Address 1011 S. Adams Road

City Birmingham State MI Zip Code 48009-7022

Purpose of Disbursement
Mike McCready, State House, 40th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Transaction ID : B7ACFF94E27C941C3A54

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends to Elect Bruce R Rendon

Mailing Address Post Box 809

City Lake City State MI Zip Code 49651

Purpose of Disbursement
Bruce Rendon, State House, 103rd district, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : BCC2A10CF9B924B1AB73

Amount of Each Disbursement this Period

1000.00

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

2500.00

TOTAL This Period (last page this line number only)..... ▶

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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Moving Michigan Forward

Mailing Address 4025 Timberland Dr SE

City Grand Rapids State MI Zip Code 49508

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2014

Transaction ID : B80A2BDEC7CF945099D9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joe Hune For State Senate

Mailing Address 4849 Hogback Rd

City Fowlerville State MI Zip Code 48836

Purpose of Disbursement
Joe Hune, State Senate, 22nd District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2014

Transaction ID : BBC8A57289553479C841

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tom Leonard for State Representative

Mailing Address 14840 Robinwood Drive

City Lansing State MI Zip Code 48906-9230

Purpose of Disbursement
Tom Leonard, State House, 93rd District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : B23D249C9944845F893C

Amount of Each Disbursement this Period

1000.00

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

TOTAL This Period (last page this line number only)..... ▶

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. CTE Woodrow Stanley State Rep

Mailing Address 2211 Brownell Blvd

City Flint State MI Zip Code 48504

Purpose of Disbursement
Woodrow Stanley, State House, 34th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2014

Transaction ID : B592DCA3D99B84101883

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ken Yonker for State Rep

Mailing Address 8300 Patterson Ave SE

City Caledonia State MI Zip Code 49316

Purpose of Disbursement
Ken Yonker, State House, 72nd district, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : B68732A641BFB40CFABC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mike Callton for State Rep

Mailing Address PO Box 676

City Nashville State MI Zip Code 49073

Purpose of Disbursement
Mike Callton, State House, 87th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2014

Transaction ID : BBE5703244C364629BD3

Amount of Each Disbursement this Period

1500.00

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

TOTAL This Period (last page this line number only)..... ▶

2750.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Goeff Hansen for Senate

Mailing Address PO Box 167

City Hart State MI Zip Code 49420

Purpose of Disbursement
Goeff Hansen, State Senate, 34th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : B11DC84E88A89484BBED

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Marilyn Lane

Mailing Address 16558 Wood Lane

City Fraser State MI Zip Code 48026

Purpose of Disbursement
Marilyn Lane, State House, 31st District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2014

Transaction ID : B1B35EB2B15F043BBB91

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joseph Graves for State Representative

Mailing Address 16316 Knobhill

City Linden State MI Zip Code 48451

Purpose of Disbursement
Joseph Graves, State House, 51st District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : BF16720F825C9477A8F1

Amount of Each Disbursement this Period

1000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. George T Darany for State Rep

Mailing Address 17835 Oakwood

City Dearborn State MI Zip Code 48124

Purpose of Disbursement
George Darany, State House, 15th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	2			2	0	1	4		

Transaction ID : BE8B8598033C44BE1B7C

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends to Elect David Knezek

Mailing Address 6641 Evangeline

City Dearborn Heights State MI Zip Code 48127-2030

Purpose of Disbursement
David Knezek; State House, 11th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	4			2	0	1	4		

Transaction ID : BDA26034B12F74BE3AAC

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Committee to Elect Peter Pettalia

Mailing Address 11617 Bell Ray Road

City Presque Isle State MI Zip Code 49707

Purpose of Disbursement
Peter Pettalia, State House, 106th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	4		

Transaction ID : B7580D5F41FE64FAFB34

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

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

2	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

2	0	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Committee To Elect Gail Haines

Mailing Address Po Box 301085

City Waterford State MI Zip Code 48330

Purpose of Disbursement
Gail Haines, State House, 43rd District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2014

Transaction ID : B7CCB1E2975AF489DB9B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens For Glenn S. Anderson

Mailing Address 34300 Park Grove Dr.

City Westland State MI Zip Code 48185

Purpose of Disbursement
Glenn Anderson, State Senate, 6th district, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : BFDBFC5DD47FB46D985F

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Committe to Elect Jon Bumstead

Mailing Address 2186 E 72nd Street

City Newaygo State MI Zip Code 49337

Purpose of Disbursement
Jon Bumstead, State House, 100th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : B4FE4FA6F78C84CC98EA

Amount of Each Disbursement this Period

1000.00

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)	PAGE 53 OF 63
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input checked="" type="checkbox"/> 29 <input type="checkbox"/> 30b	

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Dave Hildenbrand for State Senate		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
Mailing Address PO Box 1075		Transaction ID : B073A0138EBB14D0A976
City Grand Rapids	State MI	Zip Code 49501
Purpose of Disbursement Dave Hildenbrand, State Senate, 29th District, MI		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Michigan2014	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. CTE Anthony Forlini for State Representative		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
Mailing Address 39723 Chart		Transaction ID : B33EE268EC24F4387BAD
City Harrison Township	State MI	Zip Code 48045
Purpose of Disbursement Anthony Forlini, State House, 24th District, MI		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Michigan2014	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Comm. To Elect Jack Brandenburg Senate		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
Mailing Address 25 Eldredge		Transaction ID : BAFABF633C6DA41FCAC
City Mt Clemens	State MI	Zip Code 48043
Purpose of Disbursement Jack Brandenburg, State Senate, 11th District, MI		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2000.00"/>
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Michigan2014	

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Committee To Elect Ray Franz State Repre

Mailing Address Po Box 25

City State Zip Code
Onkama MI 49675

Purpose of Disbursement
Ray Franz, State House, 101st District, MI

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			05			2014			

Transaction ID : B2FA54BC83DCF4D02A7E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rick Jones For State Senate

Mailing Address P O Box 115

City State Zip Code
Grand Ledge MI 48837

Purpose of Disbursement
Rick Jones, State Senate, 24th District, MI

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			26			2014			

Transaction ID : B35AE0FFFD559445B8F8

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Darwin L Booher

Mailing Address PO Box 971

City State Zip Code
Evert MI 49631

Purpose of Disbursement
Darwin Booher, State Senate, 35th District, MI

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			12			2014			

Transaction ID : B32B7E2C3465A4016B9C

Amount of Each Disbursement this Period

1000.00

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

TOTAL This Period (last page this line number only)..... ▶

3000.00

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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Patrick Colbeck & Our American Heritage

Mailing Address PO Box 871583

City Canton State MI Zip Code 48187

Purpose of Disbursement
Patrick Colbeck, State Senate, 7th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : B2EEAEC555AF24CEAAE3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens for Robert Kosowski

Mailing Address 450 N Bryar St

City Westland State MI Zip Code 48185-3221

Purpose of Disbursement
Robert Kosowski, State House, 16th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : B06998440B17540CEBA0

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Elect Jeff Farrington Committee

Mailing Address 8830 Summers Ct

City Utica State MI Zip Code 48317

Purpose of Disbursement
Jeff Farrington, State House, 30th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Michigan2014

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2014

Transaction ID : B2913ED086CE944EA9FD

Amount of Each Disbursement this Period

1000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Citizens for Andrea LaFonataine

Mailing Address PO Box 6

City State Zip Code
Memphis MI 48041

Purpose of Disbursement
Andea LaFonaine, State House, 32nd District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Transaction ID : B30E0B4D42DED43A4A00

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ananich Future Fund

Mailing Address 932 Maxine Street

City State Zip Code
Flint MI 48503

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2014

Transaction ID : B843E399BFF044DA98EA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Nancy Jenkins for State Representative

Mailing Address 9417 W. Carleton Road

City State Zip Code
Clayton MI 49235

Purpose of Disbursement
Nancy Jenkins State House, 57th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : B1F066215C76B477D870

Amount of Each Disbursement this Period

500.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Tom Casperson for State Senate

Mailing Address PO Box 545

City Escanaba State MI Zip Code 49829

Purpose of Disbursement
Tom Casperson, State Senate, 38th District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	5		2	0	1	4		

Transaction ID : B640766D50B5141068BF

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of Pat Somerville

Mailing Address PO Box 581

City New Boston State MI Zip Code 48164

Purpose of Disbursement
Pat Somerville, State House, 23rd District, MI

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	0		2	0	1	4		

Transaction ID : B3D28D5D926D547369BE

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Greimel for Michigan

Mailing Address PO Box 16045

City Lansing State MI Zip Code 48901-6045

Purpose of Disbursement
Contribution to state independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				0	5		2	0	1	4		

Transaction ID : B4EEA18D3D8814E8EB93

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

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

TOTAL This Period (last page this line number only)..... ▶

2	5	0	.	0	0
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2	5	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Gary Woronchak for County Commission

Mailing Address 1220 McMillan

City Dearborn State MI Zip Code 48128-1345

Purpose of Disbursement
Contribution to local candidate

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	1	4		

Transaction ID : B58B2612EBFC9475A9AB

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Senate Democratic Fund

Mailing Address P.o. Box 111

City Lansing State MI Zip Code 48909

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	0			2	0	1	4		

Transaction ID : B8B90AC971605403FB5F

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Eileen Kowall for Michigan Fund

Mailing Address 208 N. Capitol Ave
3rd Floor

City Lansing State MI Zip Code 48933-1356

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	6			2	0	1	4		

Transaction ID : B2FDBD2575E0F4969A48

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

TOTAL This Period (last page this line number only)..... ▶

1	0	8	0	0	0
---	---	---	---	---	---

1	0	8	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Tim Kelly for State Representative

Mailing Address 25 Benton Road

City Saginaw State MI Zip Code 48602-1945

Purpose of Disbursement
Tim Kelly, State House, 94th District, MI

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Michigan2014

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2014

Transaction ID : B6D555B70BE9C433E9C5

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Rutledge for the People

Mailing Address PO Box 11123

City Lansing State MI Zip Code 48901-1123

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2014

Transaction ID : BFD61813951A54252BB1

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. House Republican Campaign Committee

Mailing Address P.o. Box 15035

City Lansing State MI Zip Code 48901

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : B158A344849344C7AB14

Amount of Each Disbursement this Period

1000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Michigan House Democratic Fund

Mailing Address P.o. Box 16193

City State Zip Code
Lansing MI 48909

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : **BB11C24E5949B4EECB55**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. Spotlight Michigan

Mailing Address 6835 CASTLETON DR

City State Zip Code
Grand Ledge MI 48837-8738

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2014

Transaction ID : **B84BF1FEE964C4A4F93E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Oakland Leadership Fund

Mailing Address 1849 Lakeview Lane

City State Zip Code
Highland MI 48357

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : **BA8AB82FC91854C49A57**

Amount of Each Disbursement this Period

500.00

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

TOTAL This Period (last page this line number only)..... ▶

11500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Common Sense Leadership Fund

Mailing Address 19980 MAYFIELD

City Livonia State MI Zip Code 48152

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2014

Transaction ID : B0F27B1322EC044219DC

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Callton Action Fund

Mailing Address 101 S. Washington Square

City Lansing State MI Zip Code 48933

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2014

Transaction ID : BC35A196B6E7A4BEB841

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kowall Majority Fund

Mailing Address 208 N CAPITOL AVE FLOOR 3

City Lansing State MI Zip Code 48933-1356

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2014

Transaction ID : BAECF158FBE5A4AFCA3

Amount of Each Disbursement this Period

500.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Yonker Leadership Fund

Mailing Address 2202 100TH ST

City Caledonia State MI Zip Code 49316-8329

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2014

Transaction ID : **BD50075B437E3469A9BD**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Leadership Under New Direction Fund

Mailing Address PO Box 12342
Apt 902

City Lansing State MI Zip Code 48901

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2014

Transaction ID : **B756EE868A67C426D841**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Nesbitt Majority Fund

Mailing Address PO BOX 10233

City Lansing State MI Zip Code 48901-0233

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Michigan2014

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : **BAAC82C78A6984CFE898**

Amount of Each Disbursement this Period

1000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Pscholka Results PAC

Mailing Address 5810 Longhorn Trail

City State Zip Code
Stevensville MI 49127-9402

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Michigan2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			04			2014			

Transaction ID : B476204A0BED548EF997

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michigan Values Leadership Fund

Mailing Address 201 Townsend

City State Zip Code
Lansing MI 48933

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Michigan2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			19			2014			

Transaction ID : BD2B13D94421B4B49A25

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rebekah Warren Envision Michigan Pac

Mailing Address 234 8th Street

City State Zip Code
Ann Arbor MI 48103

Purpose of Disbursement
Contribution to State Independent PAC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Michigan2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			19			2014			

Transaction ID : BB19EE25D31FB463EA58

Amount of Each Disbursement this Period

1000.00

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

3000.00

TOTAL This Period (last page this line number only)..... ▶

90050.00
