

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C00084061 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 07 01 2010 through 09 30 2010

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 Electronically Filed by Mark Cook Date 10 15 2010

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		441400.92
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	321145.65									
(c) Total Receipts (from Line 19)	152611.95	416390.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	473757.60	857791.30								
7. Total Disbursements (from Line 31)	179216.72	563250.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	294540.88	294540.88								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	91065.00	148319.00
(ii) Unitemized	61200.73	266909.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)	152265.73	415228.45
(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)	152265.73	415228.45
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.)	346.22	1161.93
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	152611.95	416390.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	152611.95	416390.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	30.72	60.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	30.72	60.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	25000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	96000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	86.00	132.00
(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))	86.00	132.00
29. Other Disbursements.....	131600.00	442058.38
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	179216.72	563250.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	179216.72	563250.42

DETAILED SUMMARY PAGE
of Disbursements

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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)	152265.73	415228.45
34. Total Contribution Refunds (from Line 28(d))	86.00	132.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	152179.73	415096.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30.72	60.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30.72	60.04

**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 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Thomas L Adams	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 37735 Evergreen Dr.	Transaction ID: A7DCA1B1F5F694A3BBBE
	City State Zip Code Strlg Hts MI 48310	Amount of Each Receipt this Period 63.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Systems Engineer Sr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 268.00	

B.	Full Name (Last, First, Middle Initial) Keith Adkins	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4371 Fieldview	Transaction ID: A1CD04FA88A9E463FB04
	City State Zip Code Grand Ledge MI 48837-8191	Amount of Each Receipt this Period 315.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$45.00/- /Bi-Weekly
	Name of Employer Occupation: VP, Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 694.00	

C.	Full Name (Last, First, Middle Initial) Asir U Ahmad	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1935 Hillwood Drive	Transaction ID: A7BE3EAD79A1E4E87B96
	City State Zip Code Bloomfield Hills MI 48304-2420	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00/- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Physician Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 271.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line 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 7 / 300
(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.

Full Name (Last, First, Middle Initial)
Stephen A Airola

Mailing Address 975 Willis Road

City Saline State MI Zip Code 48176

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Senior Health Care Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 09 / 23 / 2010

Transaction ID: AAE03719110994F6DB0F

Amount of Each Receipt this Period 27.00

Payroll Deduction: \$9.00/-
Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Peter G Albert

Mailing Address 30711 Delton

City Madison Hts State MI Zip Code 48071

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 436.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A1CF40CF9A09843FC80D

Amount of Each Receipt this Period 126.00

Payroll Deduction: \$18.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Kathy J Alden

Mailing Address 2409 Kensington

City Lansing State MI Zip Code 48910

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A013587A1A09249A2ACA

Amount of Each Receipt this Period 72.00

Payroll Deduction: \$18.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 225.00

TOTAL This Period (last page this line 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 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark Alexander		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 305 Windyrush Lane		Transaction ID: AAF70CD3180F04B668E9
	City Dewitt	State MI	Zip Code 48820-8745
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 108.00
	Name of Employer Accident Fund Insurance Company of Ame	Occupation Project Specialist	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 296.00	

B.	Full Name (Last, First, Middle Initial) Michael Allie		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 25603 Arcadia Dr		Transaction ID: AA7F3275CF71D44B0AA5
	City Novi	State MI	Zip Code 48374
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.00	

C.	Full Name (Last, First, Middle Initial) Julie D Anderson		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 954 W Marshall		Transaction ID: A8C0FE1955FFD4C5D8FD
	City Ferndale	State MI	Zip Code 48220
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Attorney	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 481.00	

SUBTOTAL of Receipts This Page (optional)	514.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Hope M Anderson		Date of Receipt
	Mailing Address 30640 Balewood St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	Southfield	MI	48076
	FEC ID number of contributing federal political committee. C		Transaction ID: A7331C3860754446F897
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Health Care Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 91.00
		Payroll Deduction: \$13.00- /Bi-Weekly	

B.	Full Name (Last, First, Middle Initial) Todd Anderson		Date of Receipt
	Mailing Address 10653 Corkery Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	Grand Ledge	MI	48837
	FEC ID number of contributing federal political committee. C		Transaction ID: A1C25BC8021934AB5A0F
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.25	<input type="text"/> 210.00
		Payroll Deduction: \$30.00- /Bi-Weekly	

C.	Full Name (Last, First, Middle Initial) Gregory W Anderson		Date of Receipt
	Mailing Address 37161 Chesapeake		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	Frmgmtn Hls	MI	48335
	FEC ID number of contributing federal political committee. C		Transaction ID: AD9A075A1B9094D09880
Name of Employer Blue Cross Blue Shield of Michigan		Occupation VP Corp & Financial Invst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 640.00	<input type="text"/> 315.00
		Payroll Deduction: \$45.00- /Bi-Weekly	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 616.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 300
(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.

Full Name (Last, First, Middle Initial)
Joseph J Andraska

Mailing Address 2220 Tilsby Ct

City State Zip Code
Ann Arbor MI 48103

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Mgr Finance/accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A15325793FC924B87AD4
Amount of Each Receipt this Period: 72.00
Payroll Deduction: \$18.00/-Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Margaret T Anthony

Mailing Address 4451 Golfview Dr

City State Zip Code
Brighton MI 48116

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 ▼ 473.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A4F878E2BB4B5467B97A
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00/-Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Alison Arambula

Mailing Address 625 Worthington Dr

City State Zip Code
Lansing MI 48906-5591

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Claims Examiner Ii

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AB4D880F886924EC6821
Amount of Each Receipt this Period: 36.00
Payroll Deduction: \$9.00/-Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **311.00**

TOTAL This Period (last page this line 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 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ronald Arambula		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 2020 Palmer Dr		Transaction ID: A8E90070C58074D84A14		
	City Wixom	State MI	Zip Code 48393-1247	Amount of Each Receipt this Period 72.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager Enterprise Security	Aggregate Year-to-Date 272.00		

B.	Full Name (Last, First, Middle Initial) Brian D Armstrong		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 1363 North Creek Dr		Transaction ID: AD5DD0CBBE64F4FDEAC6		
	City Wixom	State MI	Zip Code 48393	Amount of Each Receipt this Period 315.00	
	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 Group Sales Operations	Aggregate Year-to-Date 659.00		

C.	Full Name (Last, First, Middle Initial) Michael J Arvin		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 28751 Hearthstone Dr		Transaction ID: A2C84DFC519D44FC5A0F		
	City Novi	State MI	Zip Code 48377	Amount of Each Receipt this Period 63.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$9.00/- Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Team Lead Sr	Aggregate Year-to-Date 201.00		

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line 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 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Anthony Asciutto	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 505 Lakes Edge Drive	Transaction ID: A16D8C01A0E054FE9B86
	City State Zip Code Oxford MI 48371	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager-account Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 249.02	

B.	Full Name (Last, First, Middle Initial) Jenalyn E Astorga	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 27820 White Plns	Transaction ID: A8DEC9015AE4540B5A11
	City State Zip Code Farmington Hills MI 48331	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 316.00	

C.	Full Name (Last, First, Middle Initial) Richard R Baharozian	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2525 Farm Brook Trail	Transaction ID: A2F9A78FAD3F74854AB2
	City State Zip Code Oxford MI 48370	Amount of Each Receipt this Period 108.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 293.00	

SUBTOTAL of Receipts This Page (optional)	288.00
TOTAL This Period (last page this line 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 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kristy A Bainbridge	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 36087 Little Mack	Transaction ID: AC33E642BF4034BDF897
	City State Zip Code Clinton Twp MI 48035	Amount of Each Receipt this Period 63.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00- Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Sr Executive Asst To The CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

B.	Full Name (Last, First, Middle Initial) Diane H Baker	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 522 E Marshall	Transaction ID: AE6E244707C8840A6B94
	City State Zip Code Ferndale MI 48220	Amount of Each Receipt this Period 26.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.00	

C.	Full Name (Last, First, Middle Initial) Ann M Baker	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1153 Nottingham	Transaction ID: A87D2AE3ED2704879851
	City State Zip Code Grosse Pointe Park MI 48230	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 472.00	

SUBTOTAL of Receipts This Page (optional)	▶	292.00
TOTAL This Period (last page this line 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 14 / 300
(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.

Full Name (Last, First, Middle Initial)
Asif A Bakhsh

Mailing Address 4675 Avondale Terrace

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Sr Systems Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A3910099DA6844A5BA91
 Amount of Each Receipt this Period 54.00
 Payroll Deduction: \$9.00/- Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Lloyd L Banks

Mailing Address 5371 Kingsfield Dr

City W Bloomfield State MI Zip Code 48322

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.59

Date of Receipt 07 / 15 / 2010
Transaction ID: A9C9DC8899DA249B1B5F
 Amount of Each Receipt this Period 36.00
 Payroll Deduction: \$18.00/- Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Jacqueline R Barden

Mailing Address 29629 Monterey Circle

City Farmington Hills State MI Zip Code 48336

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A2C1CD4B83333456D8AE
 Amount of Each Receipt this Period 72.00
 Payroll Deduction: \$18.00/- Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 162.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Ian C Baringer		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010
	Mailing Address 39697 Hillary Dr		Transaction ID: A8D706910A417482788D
	City Canton	State MI	Zip Code 48187
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation NETwork Specialist Sr	Payroll Deduction: \$9.00/- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 233.00	

B.	Full Name (Last, First, Middle Initial) Susan L Barkell		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010
	Mailing Address 8171 Brookville Rd		Transaction ID: A580B59A340474036902
	City Plymouth	State MI	Zip Code 48170
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 420.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation SVP Health Care Value	Payroll Deduction: \$60.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 797.00	

C.	Full Name (Last, First, Middle Initial) Linda Barnes		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010
	Mailing Address 697 W Lansing Rd		Transaction ID: A8BC8FFE7DFD44A31A21
	City Morrice	State MI	Zip Code 48857-9649
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 270.00
	Name of Employer Accident Fund Insurance Company of Ame	Occupation VP, Service Center	Payroll Deduction: \$45.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 694.00	

SUBTOTAL of Receipts This Page (optional)	▶	726.00
TOTAL This Period (last page this line 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 16 / 300
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Kurt Barr

Mailing Address 991 N Oxford Rd

City State Zip Code
Grosse Pointe Wood MI 48236

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 ▼
471.50

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: AC406222E965E48CC8DF

Amount of Each Receipt this Period
203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Mark R Bartlett

Mailing Address 49546 Hollywood Dr

City State Zip Code
Canton MI 48187

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 ▼
866.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: ABF3B7E3C24E242AA93F

Amount of Each Receipt this Period
420.00

Payroll Deduction: \$60.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Patricia Batoha

Mailing Address 3172 Sandoval Dr

City State Zip Code
Lake Orion MI 48360

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: AFC8AEC684C584F90A55

Amount of Each Receipt this Period
90.00

Payroll Deduction: \$18.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **713.00**

TOTAL This Period (last page this line 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 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Julie A Battjes		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 16815 Ronnie		Transaction ID: A82BEC9FB98EB4CA79C0
	City Livonia	State MI	Zip Code 48154
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Analyst Sales	Payroll Deduction: \$18.00- /Bi-Weekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Susan P Bayless		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4722 Heather Ln		Transaction ID: A6D7572D6EA714646B47
	City Bloomfld	State MI	Zip Code 48301
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Payroll Deduction: \$18.00- /Bi-Weekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Diane Beagan		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 125 E Houstonia Ave		Transaction ID: A1800005812434152BF9
	City Royal Oak	State MI	Zip Code 48073
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Mgr Primary & Secondary Res	Payroll Deduction: \$13.00- /Bi-Weekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00
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SUBTOTAL of Receipts This Page (optional)	307.00
TOTAL This Period (last page this line 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 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Bruce Beals		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2383 Emerald Forest		Transaction ID: AB0D8CC980A134A1F8E2
	City East Lansing	State MI	Zip Code 48823-7214
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00
	Name of Employer Accident Fund Insurance Company of Ame	Occupation Business Sys Analyst Tech Lead	Payroll Deduction: \$6.00/- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00	

B.	Full Name (Last, First, Middle Initial) Donald Bearden		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1414 Wellington Road		Transaction ID: AEF7B3135BEAF4B839F2
	City Lansing	State MI	Zip Code 48910-1156
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 174.00
	Name of Employer Accident Fund Insurance Company of Ame	Occupation Corporate Medical Director	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 513.00	

C.	Full Name (Last, First, Middle Initial) Maureen E Beauregard		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 115 E Seventh St		Transaction ID: A36FE2C606F1D4C50B59
	City Monroe	State MI	Zip Code 48161
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Technology Consultant	Payroll Deduction: \$13.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 246.00	

SUBTOTAL of Receipts This Page (optional)	▶	244.00
TOTAL This Period (last page this line 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 / 300
(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. Full Name (Last, First, Middle Initial)
Corrie Beaverson

Mailing Address 5683 Caren Dr

City Ypsilanti State MI Zip Code 48197

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Hr Business Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 271.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A969B6E29AB504EDDB73
 Amount of Each Receipt this Period: 72.00
 Payroll Deduction: \$18.00- /Bi-Weekly

B. Full Name (Last, First, Middle Initial)
Sandra L Beckley

Mailing Address 24703 Blackmar

City Warren State MI Zip Code 48091

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Analyst - Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A72287AD74A4744889C1
 Amount of Each Receipt this Period: 27.00
 Payroll Deduction: \$9.00- /Bi-Weekly

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

Mailing Address 5076 Pentwater Drive

City Howell State MI Zip Code 48843-6471

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Enterprise Risk Mgmt Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 283.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A2B66570F4B804C48818
 Amount of Each Receipt this Period: 84.00
 Payroll Deduction: \$14.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **183.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Rodester J Begosa		Date of Receipt
	Mailing Address 34270 Trillium Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Livonia	MI	48150
	FEC ID number of contributing federal political committee. C		Transaction ID: A58EC2CD7A6CB4523BD1
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager-sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 108.00
		<input type="text"/> 303.00	Payroll Deduction: \$18.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) Nancy E Bennett		Date of Receipt
	Mailing Address 24121 Rosewood		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Oak Park	MI	48237
	FEC ID number of contributing federal political committee. C		Transaction ID: AFD99A8A990934C1FB63
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 126.00
		<input type="text"/> 311.00	Payroll Deduction: \$18.00- /Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Michael R Benoit		Date of Receipt
	Mailing Address 34921 25 Mile Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Chesterfield	MI	48047
	FEC ID number of contributing federal political committee. C		Transaction ID: A6BC98CF117E849E39A5
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Director II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 203.00
		<input type="text"/> 427.00	Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 437.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 300
(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.

Full Name (Last, First, Middle Initial)
Beth D Benson

Mailing Address 15860 Reedmere Ave

City State Zip Code
Beverly Hills MI 48025

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A62C8B43F12824BF7A3F

Amount of Each Receipt this Period: 72.00

Payroll Deduction: \$18.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Philip Berry

Mailing Address 31365 Coachlight Ln

City State Zip Code
Bingham Farms MI 48025

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Sr. Director - Lean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 419.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AA3D5B4F29B3B408485B

Amount of Each Receipt this Period: 203.00

Payroll Deduction: \$29.00- /Bi-Weekly

C.

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

Mailing Address 12900 East Outer Drive

City State Zip Code
Detroit MI 48224

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 ▼ 449.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AB8784E2BF1E54AC3869

Amount of Each Receipt this Period: 203.00

Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **478.00**

TOTAL This Period (last page this line 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 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Laurence R Binder		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 32300 Maryland		Transaction ID: A1305E2C7D78A40DB9D2
	City Livonia	State MI	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation Technology Consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	Payroll Deduction: \$18.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) Emma M Bissonnette		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 32417 Desmond		Transaction ID: A23E10AE3486B4516BB1
	City Warren	State MI	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.00
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	Payroll Deduction: \$13.00- /Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Cindy Bjorkquist		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 5986 Shadow Lawn Court		Transaction ID: A5201EF692A0A4D90B21
	City East Lansing	State MI	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 401.00	Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	▶	384.00
TOTAL This Period (last page this line 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 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Constance M Blachut		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 787 Deer Court		Transaction ID: A170D7B59179A46159A6
	City Plymouth	State MI	Zip Code 48170
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 108.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 308.00	

B.	Full Name (Last, First, Middle Initial) Daniel M Blazo		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 6980 Crestwood		Transaction ID: ABF06AC78B2414C6DAC6
	City Dearbn Hts	State MI	Zip Code 48127
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Payroll Deduction: \$9.00- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 222.00	

C.	Full Name (Last, First, Middle Initial) Kenneth A Bluhm		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 6187 Brittany Tree		Transaction ID: AE826289E0C574016865
	City Troy	State MI	Zip Code 48085
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 389.00	

SUBTOTAL of Receipts This Page (optional)	338.00
TOTAL This Period (last page this line 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 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James P Bobak		Date of Receipt
	Mailing Address 7199 Quail Run St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	Temperance	MI	48182
	FEC ID number of contributing federal political committee. C		Transaction ID: A6BFD4ED5DD0D454D9E2
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 327.00	<input type="text"/> 126.00
		Payroll Deduction: \$18.00- /Bi-Weekly	

B.	Full Name (Last, First, Middle Initial) Kimberlie A Bodner		Date of Receipt
	Mailing Address 8239 Horsemill Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	Grosse Ile	MI	48138
	FEC ID number of contributing federal political committee. C		Transaction ID: A7987C96DE9454213866
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.00	<input type="text"/> 90.00
		Payroll Deduction: \$18.00- /Bi-Weekly	

C.	Full Name (Last, First, Middle Initial) Bryan Boedigheimer		Date of Receipt
	Mailing Address 2201 Marie Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	Lake Orion	MI	48360
	FEC ID number of contributing federal political committee. C		Transaction ID: AE7F072AB568F4207B60
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Project Manager Senior	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 287.00	<input type="text"/> 90.00
		Payroll Deduction: \$18.00- /Bi-Weekly	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 306.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 300
(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

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

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

A. Full Name (Last, First, Middle Initial)
Patricia A Bojicic

Mailing Address 29223 Glencastle Court

City State Zip Code
Farmgtn Hls MI 48336

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 ▼
436.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AD22C24D7489E498E9AE
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

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

Mailing Address 29223 Glencastle Ct

City State Zip Code
Farmgtn Hls MI 48336

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AF6BDB9A673F449578B7
Amount of Each Receipt this Period: 91.00
Payroll Deduction: \$13.00- /Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Joseph M Bojman

Mailing Address 15971 Jeanette

City State Zip Code
Southfld MI 48075

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 ▼
446.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A400B744E37C9487CA6B
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **497.00**

TOTAL This Period (last page this line 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 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Philip D Bone	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1497 Heights Rd	Transaction ID: A34F75C6DBBA94373B68
	City State Zip Code Lk Orion MI 48362	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Sales Infrm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

B.	Full Name (Last, First, Middle Initial) Mary Bores	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 21130 Audette	Transaction ID: ABB84C51B82864508B06
	City State Zip Code Dearborn MI 48124	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) Thomas Borgula	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 35831 Candlewood	Transaction ID: A86E50446B43C49BABD8
	City State Zip Code Sterling Heights MI 48312	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional)	276.00
TOTAL This Period (last page this line 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 27 / 300
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Kimberley C Bracey</p> <p>Mailing Address 2697 Ferry Park</p> <p>City State Zip Code Detroit MI 48208</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan</p> <p>Occupation Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 296.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 23 / 2010</p> <p>Transaction ID: AED7F01EA113F4740A59</p> <p>Amount of Each Receipt this Period 108.00</p> <p>Payroll Deduction: \$18.00- /Bi-Weekly</p>
<p>B. Full Name (Last, First, Middle Initial) Ronald E Branch</p> <p>Mailing Address 29225 Sunridge</p> <p>City State Zip Code Farmington Hills MI 48334</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan</p> <p>Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 410.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 23 / 2010</p> <p>Transaction ID: AC676B84C926F4E19BBC</p> <p>Amount of Each Receipt this Period 203.00</p> <p>Payroll Deduction: \$29.00- /Bi-Weekly</p>
<p>C. Full Name (Last, First, Middle Initial) Pamela A Braund</p> <p>Mailing Address 121E Parent Ave</p> <p>City State Zip Code Royal Oak MI 48067</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan</p> <p>Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 493.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 23 / 2010</p> <p>Transaction ID: ADAD93AB98CCD49B5B85</p> <p>Amount of Each Receipt this Period 203.00</p> <p>Payroll Deduction: \$29.00- /Bi-Weekly</p>

SUBTOTAL of Receipts This Page (optional)	514.00
TOTAL This Period (last page this line 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 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Grant R Breitzman		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 3860 Lotus Dr		Transaction ID: AF1651897905E4281858		
	City Waterford	State MI	Zip Code 48329	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$6.00/- Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Trainer	Aggregate Year-to-Date 226.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Julie Brennan		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 2906 Colony Dr		Transaction ID: A2A3196A486E64074B6A		
	City East Lansing	State MI	Zip Code 48823-2383	Amount of Each Receipt this Period 26.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$13.00- /Bi-Weekly		
	Name of Employer Accident Fund Insurance Company of Ame	Occupation Office Manager	Aggregate Year-to-Date 217.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Diane L Bridgeman		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 687 Chestnut Dr		Transaction ID: A274C1134E1684A85ADB		
	City Wixom	State MI	Zip Code 48393	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Dir Clinical Program Oper	Aggregate Year-to-Date 422.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	259.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) James D Bridges		Date of Receipt
	Mailing Address P.O. Box 2252		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Southfield	MI	48037
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Medical Director	Transaction ID: A7DACF08B44794C228A0
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 616.00	
		Amount of Each Receipt this Period	<input type="text"/> 315.00
		Payroll Deduction: \$45.00- /Bi-Weekly	

B.	Full Name (Last, First, Middle Initial) Philip D Briskin		Date of Receipt
	Mailing Address 523 Wilcox St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rochester	MI	48307
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager Admin	Transaction ID: AB8062C66D6334F25B67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 272.00	
		Amount of Each Receipt this Period	<input type="text"/> 72.00
		Payroll Deduction: \$18.00- /Bi-Weekly	

C.	Full Name (Last, First, Middle Initial) Luzine Brister		Date of Receipt
	Mailing Address 17145 Strathmoor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Detroit	MI	48235
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Director II	Transaction ID: A1F98CF8A09BD4A1697C
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 386.00	
		Amount of Each Receipt this Period	<input type="text"/> 203.00
		Payroll Deduction: \$29.00- /Bi-Weekly	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 590.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Karen K Bristle	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1350 S Cummings Rd	Transaction ID: A7EB5211E0A1E4F749A4
	City State Zip Code Davison MI 48423	Amount of Each Receipt this Period 63.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00- Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Sr Systems Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.00	

B.	Full Name (Last, First, Middle Initial) Michael Britt	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 5439 Timberbend Drive	Transaction ID: AF2DF7E2E931B4FF0B14
	City State Zip Code Brighton MI 48116-4796	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$60.00- /Bi-Weekly
	Name of Employer: Accident Fund Insurance Company of Ame Occupation: President Af Ins Co Of America Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 782.00	

C.	Full Name (Last, First, Middle Initial) Sharon L Brock	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 39542 Dorchester Cir	Transaction ID: A4D3987F0A84E484E817
	City State Zip Code Canton MI 48188	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager-key Account Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00	

SUBTOTAL of Receipts This Page (optional)	▶	549.00
TOTAL This Period (last page this line 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 / 300
(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. Full Name (Last, First, Middle Initial)
Barbara A Brown-Cadovich

Mailing Address 356 Falling Brook Dr

City State Zip Code
Troy MI 48098

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Health Care Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 334.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A5C10782074B74E5A830
 Amount of Each Receipt this Period: 126.00
 Payroll Deduction: \$18.00- /Bi-Weekly

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

Mailing Address 551 Plymouth Ave SE

City State Zip Code
Grand Rapids MI 49506

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 ▼ 445.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A20CA90A6F98A43B0B26
 Amount of Each Receipt this Period: 203.00
 Payroll Deduction: \$29.00- /Bi-Weekly

C. Full Name (Last, First, Middle Initial)
William M. Brown

Mailing Address 3773 Shellmarr Ln

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Consultant-sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A7C4EA016FD734B04890
 Amount of Each Receipt this Period: 36.00
 Payroll Deduction: \$9.00/- Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **365.00**

TOTAL This Period (last page this line 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 32 / 300
(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

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

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

A.

Full Name (Last, First, Middle Initial)
Melanie M Brown

Mailing Address 8701 E. Outer Drive

City State Zip Code
Detroit MI 48213

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Community Affairs Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: AC9BAD0CCAC7A44E99B4

Amount of Each Receipt this Period
54.00

Payroll Deduction: \$9.00/-
Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Carrie S Bryant

Mailing Address 61 Adelaide

City State Zip Code
Detroit MI 48201

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
226.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A189D64ED1BF6443AAE2

Amount of Each Receipt this Period
26.00

Payroll Deduction: \$13.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Teresa L Bueche

Mailing Address 7144 Shalimar Dr NE

City State Zip Code
Comstock Park MI 49321

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 ▼
431.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: AED10F8567FF447D39A2

Amount of Each Receipt this Period
203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **283.00**

TOTAL This Period (last page this line 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 / 300
(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.

Full Name (Last, First, Middle Initial)
Ellen Buist

Mailing Address 933 Northwood St

City Ann Arbor State MI Zip Code 48103

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

Name of Employer Blue Cross Blue Shield of Michigan
Occupation Health Care Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

Date of Receipt 09 / 23 / 2010
Transaction ID: AAF16B61D5BAA4B37A56

Amount of Each Receipt this Period 90.00

Payroll Deduction: \$18.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
David W Bulmer

Mailing Address 11321 Morgan Street

City Plymouth State MI Zip Code 48170

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

Name of Employer Blue Cross Blue Shield of Michigan
Occupation Technology Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 23 / 2010
Transaction ID: AED80C02B0A134A49B89

Amount of Each Receipt this Period 126.00

Payroll Deduction: \$18.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Bethany Bump-White

Mailing Address 31634 Iris Ct

City Rockwood State MI Zip Code 48173

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

Name of Employer Blue Cross Blue Shield of Michigan
Occupation Manager Corp Performance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 293.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A9E735CFF69B2491CBA9

Amount of Each Receipt this Period 108.00

Payroll Deduction: \$18.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **324.00**

TOTAL This Period (last page this line 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 34 / 300
(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.

Full Name (Last, First, Middle Initial)
Miriam Burch

Mailing Address 21985 Ember Ct

City State Zip Code
Grosse Ile MI 48138

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
406.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A655538E4D19E4D26ABA

Amount of Each Receipt this Period
203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Shawn S Burch

Mailing Address 1430 Oakland Court

City State Zip Code
Dearborn Heights MI 48125

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Manager Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: AC3BA9D1B27824DC2A0B

Amount of Each Receipt this Period
78.00

Payroll Deduction: \$13.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Richard J Burgess

Mailing Address 5163 Springdale Ct

City State Zip Code
Clarkston MI 48348

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Director - Regional Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
469.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A8E75CB372CB14DAAAB0

Amount of Each Receipt this Period
203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **484.00**

TOTAL This Period (last page this line 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 35 / 300
(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.

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

Mailing Address 2417 E Canada Dr

City Bloomington State IN Zip Code 47401

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 ▼ 608.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A0DED40672E6D4396BFC

Amount of Each Receipt this Period 315.00

Payroll Deduction: \$45.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Leola M Burrell

Mailing Address 29185 Oakwood

City Inkster State MI Zip Code 48141

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A94530EE245F4444FBCB

Amount of Each Receipt this Period 39.00

Payroll Deduction: \$13.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Faith Bushard

Mailing Address 932 S. Osborne Rd.

City Dansville State MI Zip Code 48819-9730

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

Name of Employer Accident Fund Insurance Company of Ame Occupation Manager, Entpse Decsn Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A4F82FBDB85E5450BAA9

Amount of Each Receipt this Period 40.00

Payroll Deduction: \$10.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **394.00**

TOTAL This Period (last page this line 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 36 / 300
(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.

Full Name (Last, First, Middle Initial)
James Bush

Mailing Address 3195 Loon Lake Shores

City Waterford State MI Zip Code 48329

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager-sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 278.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A353A884906914A38A0B
 Amount of Each Receipt this Period 90.00
 Payroll Deduction: \$18.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Jennifer Bussone

Mailing Address 28121 Forestbrook Dr

City Farmington Hills State MI Zip Code 48334

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Ecv Business Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A3D4401426CBB4E7EABD
 Amount of Each Receipt this Period 90.00
 Payroll Deduction: \$18.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Tonya L Byers

Mailing Address 10331 Dartmouth

City Oak Park State MI Zip Code 48237

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 ▼ 400.00

Date of Receipt 09 / 23 / 2010
Transaction ID: AEC249883225444C99E6
 Amount of Each Receipt this Period 203.00
 Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **383.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Alan J Byrnes		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 15063 Lakewood Dr		Transaction ID: AE0320354624F438E8B6
	City Plymouth	State MI	Zip Code 48170
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 444.00	

B.	Full Name (Last, First, Middle Initial) Nancy Cahill		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 44723 Aspen Ridge Dr		Transaction ID: A19F740C9D5B340B785F
	City Northville	State MI	Zip Code 48168
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager-key Account	Payroll Deduction: \$13.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.00	

C.	Full Name (Last, First, Middle Initial) Thelma J Caison-Sorey		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4253 Sedgemoor Lane		Transaction ID: A8B98DD829A7B4AB3B17
	City Bloomfield Hills	State MI	Zip Code 48302
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Associate Medical Director	Payroll Deduction: \$20.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.50	

SUBTOTAL of Receipts This Page (optional)	388.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Russell J Cameron		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 8677 Stout		Transaction ID: AEF00AAF9045C4756A0D
	City Grosse Ile	State MI	Zip Code 48138
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Consultant - Business Aggregate Year-to-Date ▼ 244.00	Payroll Deduction: \$13.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) Karen Campbell		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 328 Mayfair Drive		Transaction ID: A20594805F3634F4EAD4
	City Waterford	State MI	Zip Code 48327
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager-account Aggregate Year-to-Date ▼ 209.00	Payroll Deduction: \$10.00- /Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Diane T Cantara		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2710 Seymour Lk Rd		Transaction ID: A660D63DF1CC24DF58BD
	City Oxford	State MI	Zip Code 48371
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 268.00	Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	▶	194.00
TOTAL This Period (last page this line 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 39 / 300
(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.

Full Name (Last, First, Middle Initial)
Debra L Canty

Mailing Address 36331 Fredericksburg

City Farmington Hills State MI Zip Code 48331

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Sr Financial Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A811BF3226BD24314A86

Amount of Each Receipt this Period 24.00

Payroll Deduction: \$6.00/- Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Karen L Carter

Mailing Address 920 Pemberton

City Grs Pt Pk State MI Zip Code 48230

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A7E455BE10ADA4785AB3

Amount of Each Receipt this Period 65.00

Payroll Deduction: \$13.00/- Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
John F Cartier

Mailing Address 1117 Fernwood Rd

City Royal Oak State MI Zip Code 48067

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Analyst - Senior

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 217.00

Date of Receipt 09 / 23 / 2010

Transaction ID: AF682E566958B490B9EE

Amount of Each Receipt this Period 18.00

Payroll Deduction: \$9.00/- Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 107.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Matthew A Case		Date of Receipt
	Mailing Address 9370 Big Hand Rd		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Columbus	MI	48063
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Attorney Senior	Transaction ID: AA7A869B097E24C5D82A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="399.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="203.00"/>
		Payroll Deduction: \$29.00- /Bi-Weekly	

B.	Full Name (Last, First, Middle Initial) David T Casillas		Date of Receipt
	Mailing Address 3020 Syracuse		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dearborn	MI	48124
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager	Transaction ID: A3D617D2033E5491483D
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="283.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="90.00"/>
		Payroll Deduction: \$18.00- /Bi-Weekly	

C.	Full Name (Last, First, Middle Initial) John Castle		Date of Receipt
	Mailing Address 21700 E 12 Mile Rd		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	St Clair Shores	MI	48081
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Operations Developer Adv	Transaction ID: AA4E8EE8D1F10431C80E
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="228.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="36.00"/>
		Payroll Deduction: \$9.00/- Bi-Weekly	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="329.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Douglas R Cedras		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 2616 Mcclintock		Transaction ID: ADA007DF632A64BF5B32
City Bloomfld	State MI	Zip Code 48302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

B.

Full Name (Last, First, Middle Initial) Diane S Cesarz		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 18525 Shadyside St		Transaction ID: A1E534AEFE15E449DB65
City Livonia	State MI	Zip Code 48152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.00
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager Admin	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.00	

C.

Full Name (Last, First, Middle Initial) Carla M Chambers		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 39660 Dun Rovin Dr		Transaction ID: A0D70D18474844327A89
City Northville	State MI	Zip Code 48168
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP Hlth & Medical Affairs	Payroll Deduction: \$45.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 604.00	

SUBTOTAL of Receipts This Page (optional)	▶	590.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Constance L Chandler-Dansby		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 281 Candace Court		Transaction ID: A74CD026DA954436989A		
	City Troy	State MI	Zip Code 48098	Amount of Each Receipt this Period 54.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$9.00/- Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Systems Analyst Adv	Aggregate Year-to-Date 249.00		

B.	Full Name (Last, First, Middle Initial) Rishi Chandra		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 18052 Curtis Ct		Transaction ID: AAA4585BE1E4348EE960		
	City Livonia	State MI	Zip Code 48152	Amount of Each Receipt this Period 90.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Technology Specialist Sr	Aggregate Year-to-Date 274.00		

C.	Full Name (Last, First, Middle Initial) Martin Chapko		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 4141 S St. Clair Rd		Transaction ID: ACAFDAB6355A440ADB13		
	City Saint Johns	State MI	Zip Code 48879-8169	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$10.00- /Bi-Weekly		
	Name of Employer Accident Fund Insurance Company of Ame	Occupation Manager, Financial Reporting	Aggregate Year-to-Date 232.00		

SUBTOTAL of Receipts This Page (optional)	184.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Nancy Chiesa	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 8702 Bonaventure Drive	Transaction ID: A5728A3056ED44FA190B
	City State Zip Code Brighton MI 48116-9202	Amount of Each Receipt this Period 108.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
Name of Employer Accident Fund Insurance Company of Ame	Occupation Corporate Claims Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.00	

B.	Full Name (Last, First, Middle Initial) Phillip D Churchill Jr	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 3026 Westchester Rd	Transaction ID: A4A3533B0FE424DF3A9D
	City State Zip Code Lansing MI 48911	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Attorney Senior	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

C.	Full Name (Last, First, Middle Initial) Dennis L Clifford	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4224 Shoals Dr	Transaction ID: A66E437D7A0A84191A32
	City State Zip Code Okemos MI 48864	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$6.00/- Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Application Developer Adv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	353.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) John Colaluca		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 33657 Chatsworth Dr		Transaction ID: AD674079EF61444968C3
	City Sterling Heights	State MI	Zip Code 48312
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Dir Systems Development	Payroll Deduction: \$29.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) Susan Coles		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 3575 Josephine Lane		Transaction ID: ADAFEF3B63C846D7B86
	City Mason	State MI	Zip Code 48854-9568
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Accident Fund Insurance Company of Ame	Occupation Manager, Nurse Case Management	Payroll Deduction: \$10.00- /Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Mickey Collier		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1101 Hawks Ridge		Transaction ID: A208200820F1B4A168DF
	City Grand Ledge	State MI	Zip Code 48837-1057
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
	Name of Employer Accident Fund Insurance Company of Ame	Occupation Manager, IS Customer Services	Payroll Deduction: \$13.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	▶	308.00
TOTAL This Period (last page this line 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 45 / 300
(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.

Full Name (Last, First, Middle Initial)
Donna A Colosimo

Mailing Address 38074 Hixford Place

City State Zip Code
Westland MI 48185

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Sr Account Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
279.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: A73510DE967DA4CC2BC3

Amount of Each Receipt this Period
63.00

Payroll Deduction: \$9.00/-
Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Frank A Colosimo

Mailing Address 38074 Hixford Place

City State Zip Code
Westland MI 48185

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
277.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: A5E89529823E847E0A7C

Amount of Each Receipt this Period
63.00

Payroll Deduction: \$9.00/-
Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Allison Combs

Mailing Address 4122 Willow Pond Dr

City State Zip Code
Ypsilanti MI 48197

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Health Care Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
289.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: A34EA343E489D454781D

Amount of Each Receipt this Period
90.00

Payroll Deduction: \$18.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **216.00**

TOTAL This Period (last page this line 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 46 / 300
(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.

Full Name (Last, First, Middle Initial)
Ronald E Comstock

Mailing Address 23731 Cayuga

City State Zip Code
Hazel Pk MI 48030

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Application Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AB3CF754592C24B25AD9
Amount of Each Receipt this Period: 36.00
Payroll Deduction: \$9.00/- Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Jeffrey Connolly

Mailing Address 3650 Bluff Ridge Rd

City State Zip Code
Traverse City MI 49686

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 ▼ 868.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A39822FDEDCEB1480E8F9
Amount of Each Receipt this Period: 420.00
Payroll Deduction: \$60.00/- Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Tammy J Conway

Mailing Address 13401 Oak Park Blvd

City State Zip Code
Oak Park MI 48237

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Team Leader li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A6399359602CA4454A40
Amount of Each Receipt this Period: 63.00
Payroll Deduction: \$9.00/- Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **519.00**

TOTAL This Period (last page this line 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 47 / 300
(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

<p>A. Full Name (Last, First, Middle Initial) Mark Cook</p> <p>Mailing Address 1121 Lone Oak Dr</p> <p>City State Zip Code Mason MI 48854</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Blue Cross Blue Shield of Michigan Occupation: VP Governmental Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 711.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010</p> <p>Transaction ID: A549B8588BA6D43E6B2F</p> <p>Amount of Each Receipt this Period 315.00</p> <p>Payroll Deduction: \$45.00- /Bi-Weekly</p>
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<p>B. Full Name (Last, First, Middle Initial) Patricia Cook</p> <p>Mailing Address 542 Dorchester Way</p> <p>City State Zip Code Milford MI 48381-2790</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Accident Fund Insurance Company of Ame Occupation: Manager, Claims</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.50</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010</p> <p>Transaction ID: A8A9BB39BD7A14B1B801</p> <p>Amount of Each Receipt this Period 108.00</p> <p>Payroll Deduction: \$18.00- /Bi-Weekly</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Timothy P Cook</p> <p>Mailing Address 28140 Kendallwood Dr</p> <p>City State Zip Code Farmington Hills MI 48334</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 436.59</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010</p> <p>Transaction ID: AAF3C033333064DCE968</p> <p>Amount of Each Receipt this Period 126.00</p> <p>Payroll Deduction: \$18.00- /Bi-Weekly</p>
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SUBTOTAL of Receipts This Page (optional)	549.00
TOTAL This Period (last page this line 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 48 / 300
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Renee E Cords</p> <p>Mailing Address 16001 Riverside ST</p> <p>City Livonia State MI Zip Code 48154</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan Occupation Strategic Anal Prjt Mgr</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 23 / 2010</p> <p>Transaction ID: A240C08FA2798493DA52</p> <p>Amount of Each Receipt this Period 90.00</p> <p>Payroll Deduction: \$18.00- /Bi-Weekly</p>
<p>B. Full Name (Last, First, Middle Initial) Seth A Crawford</p> <p>Mailing Address 28736 Stonewall Court</p> <p>City Novi State MI Zip Code 48377</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Underwriting & Actural Svcs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 631.50</p>	<p>Date of Receipt MM / DD / YYYY 09 / 23 / 2010</p> <p>Transaction ID: A16971144281A46C4B36</p> <p>Amount of Each Receipt this Period 315.00</p> <p>Payroll Deduction: \$45.00- /Bi-Weekly</p>
<p>C. Full Name (Last, First, Middle Initial) Chad Crosby</p> <p>Mailing Address 1761 Norton Creek Ct</p> <p>City Wixom State MI Zip Code 48393</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 23 / 2010</p> <p>Transaction ID: A6B71ECF12CA444DAABC</p> <p>Amount of Each Receipt this Period 78.00</p> <p>Payroll Deduction: \$13.00- /Bi-Weekly</p>

SUBTOTAL of Receipts This Page (optional)	483.00
TOTAL This Period (last page this line 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 49 / 300
(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.

Full Name (Last, First, Middle Initial)
Susan M Crowley

Mailing Address 31 Beacon Hill

City State Zip Code
Gross Pointe Farms MI 48236

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 ▼
419.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: ABB88E1967253450BB56
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Lisa Crozier

Mailing Address 7269 Pine Vista

City State Zip Code
Brighton MI 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 ▼
600.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AF42C680D6CFC4FD0996
Amount of Each Receipt this Period: 270.00
Payroll Deduction: \$45.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Earline Jenkins Cunningham

Mailing Address 28170 Shenandoah

City State Zip Code
Southfield MI 48076

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager - Exec Compensation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
329.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A319CEBB6CFAC4D11873
Amount of Each Receipt this Period: 91.00
Payroll Deduction: \$13.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **564.00**

TOTAL This Period (last page this line 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 50 / 300
(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. Full Name (Last, First, Middle Initial)
Marcin Czabanski

Mailing Address 62 Fieldway Ct

City State Zip Code
Rochester MI 48306

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

Name of Employer LifeSecure Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.00

Date of Receipt MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A7CB9AF753829488CB3B

Amount of Each Receipt this Period 108.00

Payroll Deduction: \$18.00- /Bi-Weekly

B. Full Name (Last, First, Middle Initial)
Kenneth R Dallafor

Mailing Address 188 Four Seasons Dr

City State Zip Code
Lake Orion MI 48360

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Svp Grp Sls & Corp Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 801.00

Date of Receipt MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A9F1A7196620E49FCB89

Amount of Each Receipt this Period 420.00

Payroll Deduction: \$60.00- /Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Daniel R Daly

Mailing Address 3299 Jasper Ct

City State Zip Code
Troy MI 48083

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.00

Date of Receipt MM / DD / YYYY
09 / 23 / 2010

Transaction ID: AF6F57C782AB74C6C998

Amount of Each Receipt this Period 108.00

Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ 636.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Laura S Dancok		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 8253 Colony Dr #22		Transaction ID: A918403DBC FBD406FACB		
	City Grosse Ile	State MI	Zip Code 48138	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager-sales		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 311.00		

B.	Full Name (Last, First, Middle Initial) Douglas E Darland		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 529 Burtman		Transaction ID: AE2387170AFFD4002882		
	City Troy	State MI	Zip Code 48083	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation Director II		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 491.00		

C.	Full Name (Last, First, Middle Initial) Joseph O David		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 345 Troon Lane		Transaction ID: A2642413F6E4A46388FA		
	City Canton	State MI	Zip Code 48188	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation Director II		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 408.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Veronica David

Mailing Address 3037 Portman

City State Zip Code
Keego Harbor MI 48320

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

Name of Employer Blue Cross Blue Shield of Michigan
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A3AAFB23D5EFA4D48B23

Amount of Each Receipt this Period
26.00

Payroll Deduction: \$13.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Laurie J Davis

Mailing Address 13051 Lia Court

City State Zip Code
Linden MI 48451

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

Name of Employer Blue Cross Blue Shield of Michigan
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: AA09779AD6E5D4AFFA83

Amount of Each Receipt this Period
52.00

Payroll Deduction: \$13.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Melvin P Davis

Mailing Address 30629 Ledgecliff

City State Zip Code
Westland MI 48185

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

Name of Employer Blue Cross Blue Shield of Michigan
Occupation Ld Financial Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A80AD24BA79ED4FA8830

Amount of Each Receipt this Period
12.00

Payroll Deduction: \$6.00/-
Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **90.00**

TOTAL This Period (last page this line 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 53 / 300
(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.

Full Name (Last, First, Middle Initial)
Dana DeFlorio

Mailing Address 1755 11th St

City Wyandotte State MI Zip Code 48192

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Dir Medical Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 484.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A2CD6D2FDD5F84769975
 Amount of Each Receipt this Period 203.00
 Payroll Deduction: \$29.00/-Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Brian S Dehetre

Mailing Address 610 Cardwell

City Gardn Cty State MI Zip Code 48135

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A6C4E2F91707340E59B5
 Amount of Each Receipt this Period 91.00
 Payroll Deduction: \$13.00/-Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Catherine L Delbrugge

Mailing Address 36 Alexander

City Rvr Rouge State MI Zip Code 48218

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Systems Analyst Adv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt 09 / 23 / 2010
Transaction ID: ACD617DC064474BDE996
 Amount of Each Receipt this Period 42.00
 Payroll Deduction: \$6.00/-Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **336.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jeffrey D Denhard		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 5644 Cliffside Drive		Transaction ID: A7981EAD94E25487BADD		
	City Troy	State MI	Zip Code 48085	Amount of Each Receipt this Period 72.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Program Manager	Aggregate Year-to-Date 267.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Barbara G Derian		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 2403 Sanders Place		Transaction ID: AB985763F312D499E8C9		
	City Bloomfield	State MI	Zip Code 48302	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Sr. Director Bus Config	Aggregate Year-to-Date 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Piyush J Desai		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 3620 Beechtree Ln		Transaction ID: AD08776CC23DD4B5A89F		
	City Okemos	State MI	Zip Code 48864	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date 324.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	401.00
TOTAL This Period (last page this line 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 55 / 300
(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.

Full Name (Last, First, Middle Initial) Nancy L Dewan		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 6336 Thurber Rd		Transaction ID: A676FAAD6DF9748E893B
City Bloomfield Hills	State Zip Code MI 48301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Dir Bus Devel & Prod Support	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

B.

Full Name (Last, First, Middle Initial) Dell M Dexter		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 10745 Duprey		Transaction ID: AA309C120030248F9AAF
City Detroit	State Zip Code MI 48224	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Mgr Diversity & Inclusion	Payroll Deduction: \$6.00- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00	

C.

Full Name (Last, First, Middle Initial) Duane DiFranco		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 11817 Hunters Creek Ct		Transaction ID: A488104D0B37042A79DA
City Plymouth Township	State Zip Code MI 48170	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Regional Med Dir	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 482.00	

SUBTOTAL of Receipts This Page (optional)	▶	430.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Peter Dilella		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010
	Mailing Address 21660 Summerfield Drive		Transaction ID: A9642D3537F9D4AC0A7A
	City Macomb	State MI	Zip Code 48044
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Strategy Perf Manager	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 316.00	

B.	Full Name (Last, First, Middle Initial) Cynthia E Dion		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010
	Mailing Address 41584 Stonehenge Manor		Transaction ID: A2BEBAA71273B45938CE
	City Clinton Township	State MI	Zip Code 48038
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Sr Dir Human Performance	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 526.00	

C.	Full Name (Last, First, Middle Initial) Edwin E Doerr		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010
	Mailing Address 9081 Rattalee Lake Road		Transaction ID: A4598EAA1384B4DE1A1F
	City Clarkston	State MI	Zip Code 48348
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Payroll Deduction: \$13.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 242.00	

SUBTOTAL of Receipts This Page (optional)	▶	381.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Sean M Drate	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 722 Albany	Transaction ID: A067B800CDE32442CBA3
	City Ferndale State MI Zip Code 48220	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 408.00	

B.	Full Name (Last, First, Middle Initial) Lisa L Drayton	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 9335 Sanilac	Transaction ID: A9D73E6C58B3449838DF
	City Detroit State MI Zip Code 48224	Amount of Each Receipt this Period 108.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 302.00	

C.	Full Name (Last, First, Middle Initial) Mary V Driessche	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 6026 Meadowlark	Transaction ID: A64323D46709A4071839
	City Rockford State MI Zip Code 49341	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Mgr- Employee & Labor Rel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 282.00	

SUBTOTAL of Receipts This Page (optional)	324.00
TOTAL This Period (last page this line 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 58 / 300
(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.

Full Name (Last, First, Middle Initial)
Beverly A Driver

Mailing Address 14358 Stahelin

City State Zip Code
Detroit MI 48223

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Team Lead Sr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A479153C6363A413083F
 Amount of Each Receipt this Period: 12.00
 Payroll Deduction: \$6.00/-Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Judy B Duckett

Mailing Address 34436 Mayfair Court

City State Zip Code
Farmington Hills MI 48331

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AAD2E0A92C55144E5AAC
 Amount of Each Receipt this Period: 52.00
 Payroll Deduction: \$13.00/-Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Calmeze H Dudley

Mailing Address 4232 Wabeek Lk Dr

City State Zip Code
Bloomfield Hills MI 48302

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 439.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A1F6DC2C2B9854F469AF
 Amount of Each Receipt this Period: 203.00
 Payroll Deduction: \$29.00/-Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **267.00**

TOTAL This Period (last page this line 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 59 / 300
(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.

Full Name (Last, First, Middle Initial)
Shanda R Dudley

Mailing Address 5475 Vincennes Dr.

City Bloomfld State MI Zip Code 48302

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 308.00

Date of Receipt 09 / 23 / 2010

Transaction ID: AE395AF8788004057997

Amount of Each Receipt this Period 91.00

Payroll Deduction: \$13.00- /Bi-Weekly

B.

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

Mailing Address 3153 Davenport

City Rochester Hills State MI Zip Code 48309

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Middle & Small Grp Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 617.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A26B12CE5863A428EA20

Amount of Each Receipt this Period 315.00

Payroll Deduction: \$45.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Michael Dunn

Mailing Address 27440 Lathrup Blvd

City Lathrup Village State MI Zip Code 48076

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 ▼ 410.00

Date of Receipt 09 / 23 / 2010

Transaction ID: ADBD7367E5E8F46E4A15

Amount of Each Receipt this Period 203.00

Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ 609.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Gregory Durkee	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 46304 Green Valley Ct	Transaction ID: A8B04DC43FD9C4EDE910
	City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Mgr Ind Insid Sales Telmktg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.00	

B.	Full Name (Last, First, Middle Initial) Gary W Dusute	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 29762 Bayview	Transaction ID: A7840A4F278994754BCA
	City State Zip Code Grosse Ile MI 48138	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

C.	Full Name (Last, First, Middle Initial) John E Duzy	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 22893 Sagebrush	Transaction ID: A31832759A6E94297AC1
	City State Zip Code Novi MI 48375	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	420.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Marissa Ebersole		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1818 N. Lafayette Ave		Transaction ID: A88E385A2F0EF47B7BC0
	City Royal Oak	State MI	Zip Code 48073
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Dir - Perform Transform	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 392.00	

B.	Full Name (Last, First, Middle Initial) Carmi E Edwards Jr		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 5415 Blossom Ln		Transaction ID: A9968E1F62C724320BF8
	City Linden	State MI	Zip Code 48451
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Portfolio Manager	Payroll Deduction: \$13.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 217.00	

C.	Full Name (Last, First, Middle Initial) John Edwards		Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 4620 Admiral Dr		Transaction ID: A7E5F85FEC78F40FFA71
	City Sterling Hts	State MI	Zip Code 48310
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP Business Intelligence	Payroll Deduction: \$45.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 489.00	

SUBTOTAL of Receipts This Page (optional)	409.00
TOTAL This Period (last page this line 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 62 / 300

(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.

Full Name (Last, First, Middle Initial)
Scott Eicher

Mailing Address 3355 Essex Ct

City State Zip Code
Troy MI 48084

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 483.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: AE004CF4615894174938

Amount of Each Receipt this Period

203.00

Payroll Deduction: \$29.00/-
Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
George B Eichorn

Mailing Address 28822 Los Olas Drive

City State Zip Code
Warren MI 48093

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Sales Force Inst Designer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A2B20B7EF44D743CCAF9

Amount of Each Receipt this Period

27.00

Payroll Deduction: \$9.00/-
Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Darline El Reda

Mailing Address 1410 Lee Wood Rdg

City State Zip Code
Walled Lake MI 48390

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 219.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A7DB87F99F0DC46D58E3

Amount of Each Receipt this Period

27.00

Payroll Deduction: \$9.00/-
Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶

257.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Rebecca Erfurt		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 42868 Clay Ct		Transaction ID: AD47E2FE7523642D29A2
	City Novi	State MI	Zip Code 48377
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director Strategy	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 470.00	

B.	Full Name (Last, First, Middle Initial) Jerome Espy		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 23140 Eastwood St		Transaction ID: A2E0F18876D5D4336A53
	City Oak Park	State MI	Zip Code 48237
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 116.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.00	

C.	Full Name (Last, First, Middle Initial) Elizabeth Essien		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2400 Fullerton		Transaction ID: AAAA1CC1DDE27481991B
	City Detroit	State MI	Zip Code 48238
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 63.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Analyst	Payroll Deduction: \$9.00/- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 209.00	

SUBTOTAL of Receipts This Page (optional)	382.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lindsey Evans	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2650 13 Mile Rd NE	Transaction ID: A9D9C6189671743A0900
	City State Zip Code Rockford MI 49341	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00- Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager-account	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	
B.	Full Name (Last, First, Middle Initial) Huda Fadel	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2340 St Francis Drive	Transaction ID: A29DD5A9B243847A19B3
	City State Zip Code Ann Arbor MI 48104	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Consultant Coa Activities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	
C.	Full Name (Last, First, Middle Initial) Tina M Federighe	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2990 House St NE	Transaction ID: ADCAB72A8AA874D36B6F
	City State Zip Code Belmont MI 49306	Amount of Each Receipt this Period 52.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager-sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00	

SUBTOTAL of Receipts This Page (optional)	179.00
TOTAL This Period (last page this line 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 65 / 300
(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.

Full Name (Last, First, Middle Initial)
Bart M Feinbaum

Mailing Address 30351 Southampton Ln

City Farmington Hills State MI Zip Code 48331

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Attorney Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 479.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A5C6BAF795C9F494BB7B

Amount of Each Receipt this Period: 203.00

Payroll Deduction: \$29.00/-Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Daric Feldpausch

Mailing Address 899 Norway

City Fowler State MI Zip Code 48835-9130

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Manager, Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A6A17C9446FE5408C898

Amount of Each Receipt this Period: 78.00

Payroll Deduction: \$13.00/-Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Catherine A Ferguson

Mailing Address 4336 Ainsworth Rd

City Ionia State MI Zip Code 48846

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Consultant-sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AE73E61C24CE74C16A5C

Amount of Each Receipt this Period: 45.00

Payroll Deduction: \$9.00/-Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **326.00**

TOTAL This Period (last page this line 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 66 / 300
(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.

Full Name (Last, First, Middle Initial)
Sandra Fester

Mailing Address 11486 Lynhurst Dr

City Washington State MI Zip Code 48094

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Director - Regional Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 442.00

Date of Receipt 09 / 23 / 2010

Transaction ID: AFFC16F8C3D86484E85C

Amount of Each Receipt this Period 203.00

Payroll Deduction: \$29.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Nita E Firestone

Mailing Address 7737 Collingwood

City Brighton State MI Zip Code 48114

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 ▼ 223.00

Date of Receipt 09 / 23 / 2010

Transaction ID: AC947C19172D4415084B

Amount of Each Receipt this Period 26.00

Payroll Deduction: \$13.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Rozanne M Fleszar

Mailing Address 23459 Danberry

City Novi State MI Zip Code 48375

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 341.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A6C9BBF38F7DA4C10BD2

Amount of Each Receipt this Period 126.00

Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **355.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Debra M Fletcher		Date of Receipt
	Mailing Address 11626 Fairview		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Strlg Hts	MI	48312
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Application Developer Adv	Transaction ID: A3B5D4C4BE7A64C12974
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="239.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="42.00"/>
		Payroll Deduction: \$6.00/- Bi-Weekly	

B.	Full Name (Last, First, Middle Initial) Nathan P Foco		Date of Receipt
	Mailing Address 1927 Fern St		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Royal Oak	MI	48073
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager	Transaction ID: A691FC61B27DB4EE4AF7
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="238.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="39.00"/>
		Payroll Deduction: \$13.00/- /Bi-Weekly	

C.	Full Name (Last, First, Middle Initial) Leslie A Foley		Date of Receipt
	Mailing Address 4258 Marywood		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Troy	MI	48085
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Systems Analyst Sr	Transaction ID: ACB0D0DD1366742B1B4B
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="204.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="42.00"/>
		Payroll Deduction: \$6.00/- Bi-Weekly	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="123.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 68 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Bert Foote	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4335 West Pointe Drive	Transaction ID: A38EBB6A9DAD94067967
	City State Zip Code Waterford MI 48329-4650	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$20.00- /Bi-Weekly
Name of Employer Accident Fund Insurance Company of Ame	Occupation Regional Mgr, Bus Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Benjamin Ford	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 21723 Gaukler St	Transaction ID: AE4456AF781C349A9B35
	City State Zip Code Saint Clair Shores MI 48080	Amount of Each Receipt this Period 26.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager-risk Mgmt Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) Marcia D Ford	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 600 Montclair St	Transaction ID: AA854DA70E2784E57BA0
	City State Zip Code Detroit MI 48214	Amount of Each Receipt this Period 63.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Application Developer Sr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.50	

SUBTOTAL of Receipts This Page (optional)	189.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michele Ford		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 15750 Kristin Ln		Transaction ID: ACDB608EBF8724AD8B90		
	City Riverview	State MI	Zip Code 48193	Amount of Each Receipt this Period 63.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$9.00- Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Acute Case Manager	Aggregate Year-to-Date 204.00		

B.	Full Name (Last, First, Middle Initial) Matt Forney		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 1086 Ravensview Trl		Transaction ID: AF8708AC6B552484DAAF		
	City Milford	State MI	Zip Code 48381	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Bcn Market Relations Mgr	Aggregate Year-to-Date 318.00		

C.	Full Name (Last, First, Middle Initial) Camille K Forster		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 9035 Woodlore South Dr.		Transaction ID: ADA59230D022645EDB05		
	City Plymouth	State MI	Zip Code 48170	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Aggregate Year-to-Date 406.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Elaine N Foster	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 10180 Creekwood Circle	Transaction ID: ABF5B363D55C94BBBBD5
	City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 18.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Senior Health Care Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 213.00	

B.	Full Name (Last, First, Middle Initial) Gwendolyn s Fowlkes	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1360 Manton Blvd	Transaction ID: A4497961B013B420D827
	City State Zip Code Canton MI 48187	Amount of Each Receipt this Period 7.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$1.00/- Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Spec Procurement Sr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 218.00	

C.	Full Name (Last, First, Middle Initial) Amienne Frenzel	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4591 Covered Bridge	Transaction ID: A0CF5B4378DE14F62A0B
	City State Zip Code Bloomfield Hills MI 48302	Amount of Each Receipt this Period 315.00
	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 Service Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 750.00	

SUBTOTAL of Receipts This Page (optional)	340.00
TOTAL This Period (last page this line 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 71 / 300
(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.

Full Name (Last, First, Middle Initial)
Patricia A Fritsch

Mailing Address 37149 Weymouth

City Livonia State MI Zip Code 48152

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.59

Date of Receipt 09 / 23 / 2010

Transaction ID: A5E34B9669AC7402E9CA

Amount of Each Receipt this Period 126.00

Payroll Deduction: \$18.00/-Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Michael Fulkerson Jr

Mailing Address 300 Hamilton #105

City Plymouth State MI Zip Code 48170

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 09 / 23 / 2010

Transaction ID: AEB0821FD7F7A4741A39

Amount of Each Receipt this Period 90.00

Payroll Deduction: \$18.00/-Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Jerry Fuller

Mailing Address 1507 Park Avenue

City Lansing State MI Zip Code 48910-1256

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

Name of Employer Accident Fund Insurance Company of Ame Occupation Contract Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.00

Date of Receipt 09 / 23 / 2010

Transaction ID: AB11E2210F5B94BA4956

Amount of Each Receipt this Period 18.00

Payroll Deduction: \$9.00/-Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **234.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michelle L Gaggini		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 18515 Country Club Ct		Transaction ID: AE317C0E146FB4F928A1		
	City Riverview	State MI	Zip Code 48193	Amount of Each Receipt this Period 315.00	
	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 Federal Business Ops	Aggregate Year-to-Date 663.00		

B.	Full Name (Last, First, Middle Initial) Robert J Galac		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 693 Bolinger		Transaction ID: A8F47C30579B54F8DB0B		
	City Rochester Hills	State MI	Zip Code 48307-2820	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Aggregate Year-to-Date 433.00		

C.	Full Name (Last, First, Middle Initial) James Gallagher		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 36114 Jamison Street		Transaction ID: A6BA87B2B5C5140419F1		
	City Livonia	State MI	Zip Code 48154	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Clinical Pharmacist	Aggregate Year-to-Date 322.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 300

(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.

Full Name (Last, First, Middle Initial)
John Ganos

Mailing Address 316 Abbey Wood Drive

City State Zip Code
Rochester MI 48306-2602

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

Name of Employer Occupation
Accident Fund Insurance Assistant General Counsel li
Company of Ame

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 373.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A2C42565286F3435A968

Amount of Each Receipt this Period

120.00

Payroll Deduction: \$20.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Kathleen M Garman

Mailing Address 1627 Devonwood

City State Zip Code
Rochester Hills MI 48306

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

Name of Employer Occupation
Blue Cross Blue Shield of Director
Michigan

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 236.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A3F639A6AF2104E3F8CF

Amount of Each Receipt this Period

45.00

Payroll Deduction: \$15.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Linda L Garrison

Mailing Address 5536 Victory Circle

City State Zip Code
Sterling Hts MI 48310

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

Name of Employer Occupation
Blue Cross Blue Shield of VP UAW Rtr Med Ben Trs & Lab
Michigan

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 593.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: ABB5D3410DD3D4BE8A24

Amount of Each Receipt this Period

315.00

Payroll Deduction: \$45.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ►

480.00

TOTAL This Period (last page this line 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 74 / 300
(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.

Full Name (Last, First, Middle Initial)
Gary R Gavin

Mailing Address 23784 Wintergreen

City State Zip Code
Novi MI 48374

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
VP Key & Large Group Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
613.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A02C939B0CAD94747B0D

Amount of Each Receipt this Period
315.00

Payroll Deduction: \$45.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Carol E Gawronski

Mailing Address 12240 Rohn Road

City State Zip Code
Fenton MI 48430

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 ▼
461.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A438E3015F3F64F90BF8

Amount of Each Receipt this Period
203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Elizabeth A Geis

Mailing Address 1392 Ludean

City State Zip Code
Highland MI 48356

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Dir Medicare & Exec Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A07CD492D260A4299BCC

Amount of Each Receipt this Period
203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **721.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dawn J Geisert		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 55907 Nicholas Dr		Transaction ID: A4EFB8034BD6A4C168AF
	City Shelby Township	State MI	Zip Code 48316-5817
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 290.00	Payroll Deduction: \$20.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) Derek D Gemmel		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 31460 Adora Ln		Transaction ID: A76A3F5548CB14CA2BAE
	City Flat Rock	State MI	Zip Code 48134
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager-key Account Aggregate Year-to-Date ▼ 208.00	Payroll Deduction: \$13.00- /Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Alan Gileczek		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 7053 N Lake Orchard Drive		Transaction ID: A4DC38DBB648C4243851
	City Gregory	State MI	Zip Code 48137-9694
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 270.00
	Name of Employer Accident Fund Insurance Company of Ame Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP, Bd Regional Operations Aggregate Year-to-Date ▼ 594.00	Payroll Deduction: \$45.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	461.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Phillip Gillespie		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 1731 Cranston Ct		Transaction ID: A4BAC4D03B35545EF9A5
City E Lansing	State Zip Code MI 48823	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP Bus & Program Dev & Reg Exec	Payroll Deduction: \$45.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.

Full Name (Last, First, Middle Initial) Susan J Gillette		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 460 Orange		Transaction ID: A3389BA9182944241879
City Wyandotte	State Zip Code MI 48192	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.00	

C.

Full Name (Last, First, Middle Initial) Janet Gilliland		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 2865 Highgate		Transaction ID: AE24E018C2B1E443C86E
City East Lansing	State Zip Code MI 48823-2325	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer Accident Fund Insurance Company of Ame	Occupation IS Audit Compliance Advisor	Payroll Deduction: \$13.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

SUBTOTAL of Receipts This Page (optional)	▶	393.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Sharon Gipson		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 33983 Brittany Dr		Transaction ID: A34CD40D42BB748AB878
	City Farmington Hills	State MI	Zip Code 48335
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director II	Payroll Deduction: \$45.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 613.00	

B.	Full Name (Last, First, Middle Initial) Mark J Giroux		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2127 Woodland Ave		Transaction ID: A2339772C494A4479AD1
	City Royal Oak	State MI	Zip Code 48073
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 483.00	

C.	Full Name (Last, First, Middle Initial) Ms. Linda G Givens		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1944 Hyde Park Dr		Transaction ID: A2E083E7ED9CB4CE4BF7
	City Detroit	State MI	Zip Code 48207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Nurse Case Manager	Payroll Deduction: \$9.00/- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	554.00
TOTAL This Period (last page this line 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 78 / 300

(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.	Full Name (Last, First, Middle Initial) Diana M Glaab		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 24805 Belton Ln		Transaction ID: A4D695DD9A28C4A59B34		
	City Dearbn Hts	State MI	Zip Code 48127	Amount of Each Receipt this Period 72.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Auto National Fin Consultant	Aggregate Year-to-Date 262.25		

B.	Full Name (Last, First, Middle Initial) Michele N Gladany		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 1023 Chestnut Ln		Transaction ID: A48DC0D974D314B8BB51		
	City South Lyon	State MI	Zip Code 48178	Amount of Each Receipt this Period 90.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Sales Force Training Mgr	Aggregate Year-to-Date 284.00		

C.	Full Name (Last, First, Middle Initial) Gerald Glass		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 21489 Glacier Dr		Transaction ID: A7FB8C9439182476CBD5		
	City Macomb	State MI	Zip Code 48044	Amount of Each Receipt this Period 45.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$9.00/- Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Team Lead Sr	Aggregate Year-to-Date 244.00		

SUBTOTAL of Receipts This Page (optional)	207.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Shirley Glazier	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 16384 Brookwood Ct	Transaction ID: A5FCA7A49863B443FB52
	City Northville State MI Zip Code 48168	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 493.59	

B.	Full Name (Last, First, Middle Initial) Mary Goheen	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 46655 Pinehurst Cir	Transaction ID: A0E06488623EC4C87974
	City Northville State MI Zip Code 48168	Amount of Each Receipt this Period 315.00
	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 Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 638.00	

C.	Full Name (Last, First, Middle Initial) John C Golding	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 42211 Garfield Rd Apt 136	Transaction ID: A66391E11D49C458A972
	City Clinton Township State MI Zip Code 48038-1648	Amount of Each Receipt this Period 315.00
	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 Sr Dir It Systems Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 656.00	

SUBTOTAL of Receipts This Page (optional)	833.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) George P Gopoian		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 25437 Witherspoon		Transaction ID: AA31B24418121439CB5E
	City Farmgtn Hls	State MI	Zip Code 48335
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Associate Medical Director Aggregate Year-to-Date ▼ 474.00	Payroll Deduction: \$29.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) William C Granger		Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 7201 Cuesta Way Drive		Transaction ID: A38C791D550EE482F831
	City Rockford	State MI	Zip Code 49341
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 145.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Regional Med Dir Aggregate Year-to-Date ▼ 319.00	Payroll Deduction: \$29.00- /Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Bryant D Greene		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4842 Yorkshire Rd		Transaction ID: A9497CC43CFFC4CDFAB0
	City Detroit	State MI	Zip Code 48224
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Associate Aggregate Year-to-Date ▼ 368.00	Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	474.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael Grenon	Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2010
	Mailing Address 185 Hickory Hills	Transaction ID: A25AC1EC737D342E7864
	City Marshall State MI Zip Code 49068-8305	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer Accident Fund Insurance Company of Ame Occupation Manager, SIU Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00	

B.	Full Name (Last, First, Middle Initial) Benjamin N Grier	Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2010
	Mailing Address 19841 Northbrook Dr	Transaction ID: AFE979B72D2B04E3795F
	City Southfield State MI Zip Code 48076	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Director Treasury Svcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 395.00	

C.	Full Name (Last, First, Middle Initial) Vera Grigorian	Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2010
	Mailing Address 17485 Laurel	Transaction ID: AC310CA866D104BC888A
	City Livonia State MI Zip Code 48152	Amount of Each Receipt this Period 26.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Mgr- Employee & Labor Rel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.02	

SUBTOTAL of Receipts This Page (optional)	268.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dale Gruber		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 851 Chads Way		Transaction ID: A1A1FF7D057324362BD5
	City Charlotte	State MI	Zip Code 48813-8757
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
	Name of Employer Accident Fund Insurance Company of Ame	Occupation Senior Audit Consultant	Payroll Deduction: \$6.00/- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00	

B.	Full Name (Last, First, Middle Initial) Ali K Gunal		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 3560 Strubridge Ct		Transaction ID: AECD7264A080949AAADE
	City Ann Arbor	State MI	Zip Code 48105
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Payroll Deduction: \$13.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 282.00	

C.	Full Name (Last, First, Middle Initial) Rosemary Gundel		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 52105 Loon Ct		Transaction ID: AD4BBFD111BFE495FAF0
	City Shelby Township	State MI	Zip Code 48315
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 267.00	

SUBTOTAL of Receipts This Page (optional)	▶	205.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Peggy S Gunns		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 722 E Columbia St		Transaction ID: A82D30B77C86C49E3AC9		
	City Mason	State MI	Zip Code 48854	Amount of Each Receipt this Period 72.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date 269.00		

B.	Full Name (Last, First, Middle Initial) Michael F Gurney		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 36648 Almond Circle		Transaction ID: A242BEA50E50A421084C		
	City Frmgtn Hls	State MI	Zip Code 48335	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Aggregate Year-to-Date 536.00		

C.	Full Name (Last, First, Middle Initial) Elizabeth R Haar		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 3607 Kipling Cir		Transaction ID: AE161F0DBDAA842B4AD4		
	City Howell	State MI	Zip Code 48843	Amount of Each Receipt this Period 525.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$75.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Svp Subsidiary Operations	Aggregate Year-to-Date 1004.50		

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line 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 84 / 300
(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.

Full Name (Last, First, Middle Initial)
Mickey Hadick

Mailing Address 2237 Beechnut Trail

City State Zip Code
Holt MI 48842-8757

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

Name of Employer
Accident Fund Insurance Company of Ame

Occupation
Business Systems Analyst Iii

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: AEA28D6BC72E9416F8D1

Amount of Each Receipt this Period
27.00

Payroll Deduction: \$9.00-
Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Lynn R Hall

Mailing Address 13539 Cunningham

City State Zip Code
Southgate MI 48195

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
301.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A4C2CA5B80CA9432082F

Amount of Each Receipt this Period
91.00

Payroll Deduction: \$13.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Julie A Hambricht

Mailing Address 1992 Franklin Rd

City State Zip Code
Berkley MI 48072

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Mgr Provider Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A86A469B412214EC481B

Amount of Each Receipt this Period
39.00

Payroll Deduction: \$13.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **157.00**

TOTAL This Period (last page this line 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 85 / 300
(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. Full Name (Last, First, Middle Initial)
Scott J Hamerink
Mailing Address 1315 Kingspath Dr
City Rochester Hills State MI Zip Code 48306
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager Admin
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 09 / 23 / 2010
Transaction ID: A09D03A9B98824A66ABE
Amount of Each Receipt this Period 126.00
Payroll Deduction: \$18.00- /Bi-Weekly

B. Full Name (Last, First, Middle Initial)
Douglas Hamm
Mailing Address 1157 Eagle Nest Dr
City Milford State MI Zip Code 48381
FEC ID number of contributing federal political committee. **C**
Name of Employer LifeSecure Occupation VP Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 09 / 23 / 2010
Transaction ID: AD33CA55726FD4C84A49
Amount of Each Receipt this Period 270.00
Payroll Deduction: \$45.00- /Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Patricia Ann Hammerle
Mailing Address 3196 Kari Circle
City DeWitt State MI Zip Code 48820
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation Fraud Investigator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 266.00
Date of Receipt 09 / 23 / 2010
Transaction ID: A35D3AD378C55477EBD0
Amount of Each Receipt this Period 78.00
Payroll Deduction: \$13.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ 474.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William E Hammond	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 24480 Mill Stream Lane	Transaction ID: ADE2F394DB1B44369997
	City State Zip Code Novi MI 48375	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Planner - Facility Space Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) Kristie L Hand	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 26763 Park Ln	Transaction ID: A474D1C79C0404E57A7E
	City State Zip Code Woodhaven MI 48183	Amount of Each Receipt this Period 26.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00/- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.00	

C.	Full Name (Last, First, Middle Initial) Mark Hankerd	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 16730 S Wacousta Rd	Transaction ID: A7DD6FF2A9C6C46FAA34
	City State Zip Code Grand Ledge MI 48837-8228	Amount of Each Receipt this Period 27.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
	Name of Employer: Accident Fund Insurance Company of Ame Occupation: Business Dev Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 222.00	

SUBTOTAL of Receipts This Page (optional)	89.00
TOTAL This Period (last page this line 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 87 / 300
(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

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

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

A.

Full Name (Last, First, Middle Initial)
Matthew Haran

Mailing Address 1771 Glengarry Blvd

City State Zip Code
Canton MI 48188-3240

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

Name of Employer
Accident Fund Insurance Company of Ame

Occupation
Director, Corp Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
436.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A7A84B0DDAA4E4A5D870

Amount of Each Receipt this Period
180.00

Payroll Deduction: \$30.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Vickianne Harbowy

Mailing Address 16092 Swathmore Ct North

City State Zip Code
Livonia MI 48154

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 ▼
292.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A559378143A134DAA92E

Amount of Each Receipt this Period
63.00

Payroll Deduction: \$9.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Lisa M Hardy

Mailing Address 1705 Brian Ct

City State Zip Code
Ann Arbor MI 48104

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Director III - Sr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
463.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A06704E9B869F4B29979

Amount of Each Receipt this Period
203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **446.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Bonnie K Harrington

Mailing Address 3468 Shaddick

City Waterford State MI Zip Code 48328-2560

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 ▼ 409.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A31C709F1F79347D28DE

Amount of Each Receipt this Period 203.00

Payroll Deduction: \$29.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Scott Hartman

Mailing Address 3101 Avalon St

City Lansing State MI Zip Code 48911-1806

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

Name of Employer Accident Fund Insurance Company of Ame Occupation Manager, Indemnity Payments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 23 / 2010

Transaction ID: ADBA48E59FC4F4F4EB90

Amount of Each Receipt this Period 108.00

Payroll Deduction: \$18.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Audrey J Harvey

Mailing Address 25465 Waycross

City Southfld State MI Zip Code 48034

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 ▼ 659.00

Date of Receipt 09 / 23 / 2010

Transaction ID: AA2CA75885C704DE88D5

Amount of Each Receipt this Period 315.00

Payroll Deduction: \$45.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **626.00**

TOTAL This Period (last page this line 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 89 / 300
(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.

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

Mailing Address 1835 Robindale

City State Zip Code
Dearborn MI 48128

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: VP Systems Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 677.50

Date of Receipt: 09 / 23 / 2010
Transaction ID: A69D669B69266422A9F0
Amount of Each Receipt this Period: 315.00
Payroll Deduction: \$45.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
James Haskins IV

Mailing Address 823 E 3rd St

City State Zip Code
Royal Oak MI 48067

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AFEFDDC20332A4D5AB2A
Amount of Each Receipt this Period: 126.00
Payroll Deduction: \$18.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Daniel Hassenzahl

Mailing Address 2272 Pleasant Ridge

City State Zip Code
Howell MI 48843-8446

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Business Dev Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A3B77A34821D64DF0AB5
Amount of Each Receipt this Period: 54.00
Payroll Deduction: \$9.00/- Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ 495.00

TOTAL This Period (last page this line 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 90 / 300
(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. Full Name (Last, First, Middle Initial)
Andrew Hazel

Mailing Address 303 E Lovett St

City State Zip Code
Charlotte MI 48813-1633

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

Name of Employer
Accident Fund Insurance Company of Ame

Occupation
Strategic Planning Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: AC807BD5ADAB145C0ABD

Amount of Each Receipt this Period
65.00

Payroll Deduction: \$13.00-
/Bi-Weekly

B. Full Name (Last, First, Middle Initial)
Sharon L Heath

Mailing Address 28345 Carlton Way Dr

City State Zip Code
Novi MI 48377

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Dir Devel & Svc Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
436.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A7653613BBABD4BB08C4

Amount of Each Receipt this Period
203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Brenton D Henderson

Mailing Address 47485 Putney Ct

City State Zip Code
Canton MI 48188

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: ACC37DE6B446841E48AA

Amount of Each Receipt this Period
126.00

Payroll Deduction: \$18.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **394.00**

TOTAL This Period (last page this line 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 91 / 300
(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. Full Name (Last, First, Middle Initial)
Yvette N Hendricks

Mailing Address 2653 S Deacon

City State Zip Code
Detroit MI 48217

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Analyst - Sr Publishing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AAF227502392441D0B08
 Amount of Each Receipt this Period: 72.00
 Payroll Deduction: \$18.00- /Bi-Weekly

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

Mailing Address 5290 Park Lake Road

City State Zip Code
East Lansing MI 48823-3800

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: EVP, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AA383216F0A20485A8AD
 Amount of Each Receipt this Period: 360.00
 Payroll Deduction: \$60.00- /Bi-Weekly

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

Mailing Address 635 McKinley St

City State Zip Code
Plymouth MI 48170

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 ▼ 677.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A9C606B2B24E2466C8FF
 Amount of Each Receipt this Period: 315.00
 Payroll Deduction: \$45.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 747.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Stacie L Hillier		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 174 Pineview Dr		Transaction ID: A26E61D8C87FE4DE6AA2
	City Marquette	State MI	Zip Code 49855
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager-sales	Payroll Deduction: \$13.00- /Bi-Weekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) JoAnn Hockin		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 3888 Corran Dr		Transaction ID: A7E6AC33F98DE4CFD87D
	City Wixom	State MI	Zip Code 48393
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Payroll Deduction: \$13.00- /Bi-Weekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Steven C Hoffman		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 54578 Bryce Canyon Trl		Transaction ID: AE7378BB75D754465AC2
	City Macomb	State MI	Zip Code 48042
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Procurement Administrator	Payroll Deduction: \$6.00/- Bi-Weekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.00
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SUBTOTAL of Receipts This Page (optional)	▶	107.00
TOTAL This Period (last page this line 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 93 / 300

(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

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

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

A.

Full Name (Last, First, Middle Initial)
Lawrence G Hoffman

Mailing Address 6872 Cedarbrook Dr

City State Zip Code
Bloomfield Hills MI 48301

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Technology Architect

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 295.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: AA3B5C5F5AEFF4791B9E

Amount of Each Receipt this Period

108.00

Payroll Deduction: \$18.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Sarilyn Hogan

Mailing Address 4180 Cross Road

City State Zip Code
White Lake MI 48386

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

Name of Employer Occupation
LifeSecure Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 418.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A4A39456A4E3E49CBBB8

Amount of Each Receipt this Period

203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Joseph H Hohner

Mailing Address 2106 Stonebridge Way

City State Zip Code
Canton MI 48188

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Svp Chief Of Staff & CIO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1169.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A054C5D43CD6F4743B73

Amount of Each Receipt this Period

525.00

Payroll Deduction: \$75.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)

836.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Andrew Holaday		Date of Receipt
	Mailing Address 519 N Francis Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	Lansing	MI	48912-4212
	FEC ID number of contributing federal political committee. C		Transaction ID: AFC73969D36E74E02BDB
Name of Employer Accident Fund Insurance Company of Ame		Occupation Senior Dta & Diagn Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 54.00
		<input type="text"/> 208.00	Payroll Deduction: \$9.00/- Bi-Weekly

B.	Full Name (Last, First, Middle Initial) Regina E Holmes		Date of Receipt
	Mailing Address 29481 Marimoor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	Southfield	MI	48076
	FEC ID number of contributing federal political committee. C		Transaction ID: AD3186ED1EC0D46BCA89
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Analyst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 36.00
		<input type="text"/> 233.00	Payroll Deduction: \$9.00/- Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Rebecca Holnagel		Date of Receipt
	Mailing Address 5117 Giesboro Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	Okemos	MI	48864
	FEC ID number of contributing federal political committee. C		Transaction ID: A9AD4B0A70A654AE384E
Name of Employer Accident Fund Insurance Company of Ame		Occupation Director, Actuary (Fellow)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 174.00
		<input type="text"/> 466.00	Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 264.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Rick Holt		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 5978 Castle Brook		Transaction ID: AA0D11BDCDAAA4B4EA97
	City Kentwood	State MI	Zip Code 49508
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Security Team Leader	Payroll Deduction: \$5.00/- Bi-Weekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Karen Holtz		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 945 Chads Way		Transaction ID: A470AFFCC1F6D423D94C
	City Charlotte	State MI	Zip Code 48813-8758
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.00
	Name of Employer Accident Fund Insurance Company of Ame	Occupation Claims Quality Specialist	Payroll Deduction: \$9.00/- Bi-Weekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Jeffrey A Holzhausen		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2675 Ambassador Dr		Transaction ID: A37B645B11AD8455A9D9
	City Ypsilanti	State MI	Zip Code 48198
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Payroll Deduction: \$18.00- /Bi-Weekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.00
---	------------------------------------

SUBTOTAL of Receipts This Page (optional)	▶	215.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lisa M Hoomaian		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 24429 Holyoke Ct		Transaction ID: AD0DFC3006E884EF2BE7
	City Novi	State MI	Zip Code 48374
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager Sales Infrm	Payroll Deduction: \$13.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) Gail A Hooper		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 34607 Northland Dr		Transaction ID: AA3FD576CF4D2402AA3A
	City Livonia	State MI	Zip Code 48152
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Technology Consultant	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 257.00	

C.	Full Name (Last, First, Middle Initial) Robert T Hopper		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 40671 La Grange Dr		Transaction ID: AAACEF99EA4A844C6A4B
	City Sterling Heights	State MI	Zip Code 48313
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 434.00	

SUBTOTAL of Receipts This Page (optional)	▶	301.00
TOTAL This Period (last page this line 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 97 / 300
(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.

Full Name (Last, First, Middle Initial)
Jason Hover

Mailing Address 2520 Meadowview Court

City State Zip Code
Rochester Hills MI 48306

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Senior Strategist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 496.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AF54577915A2C4A7D8DA
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00/-Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Gregory Howard

Mailing Address 2102 Winners Circle

City State Zip Code
Saint Johns MI 48879-8167

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Regional Mgr, Bus Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 337.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: ABA443CF5A6894B48A58
Amount of Each Receipt this Period: 120.00
Payroll Deduction: \$20.00/-Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Naomi S Howard

Mailing Address 18360 New Hampshire Drive

City State Zip Code
Southfield MI 48075

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Sr Account Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.59

Date of Receipt: 09 / 23 / 2010
Transaction ID: AEAD0D378329C4C1C972
Amount of Each Receipt this Period: 63.00
Payroll Deduction: \$9.00/-Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **386.00**

TOTAL This Period (last page this line 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 98 / 300
(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. Full Name (Last, First, Middle Initial)
Vivian Howard

Mailing Address 3553 Elizabeth

City State Zip Code
Melvindale MI 48122

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Ex Assistant To VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.59

Date of Receipt: 08 / 26 / 2010
Transaction ID: AC43E2FBA2B414CB3BFE
 Amount of Each Receipt this Period: 45.00
 Payroll Deduction: \$9.00/-Bi-Weekly

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

Mailing Address 22901 Wilson

City State Zip Code
Dearborn MI 48128

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Technology Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A82EFEEA868174A82A3C
 Amount of Each Receipt this Period: 39.00
 Payroll Deduction: \$13.00/-Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Amy K Hunter

Mailing Address 22 Kenberton Dr

City State Zip Code
Pleasant Ridge MI 48069

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A4CE3A4EB3F2D4070AE7
 Amount of Each Receipt this Period: 120.00
 Payroll Deduction: \$20.00/-Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **204.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 300

(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.

Full Name (Last, First, Middle Initial)
Merrick Hurlbutt

Mailing Address 5604 Wood Valley

City State Zip Code
Haslett MI 48840-9785

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

Name of Employer Occupation
Accident Fund Insurance Manager, Claims
Company of Ame

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 329.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A4A00A142CB9842B2AE9

Amount of Each Receipt this Period

126.00

Payroll Deduction: \$18.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Christine Ishraidi

Mailing Address 14878 Shamrock Trail

City State Zip Code
Lansing MI 48906-9227

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

Name of Employer Occupation
Accident Fund Insurance Manager, Claims
Company of Ame

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 213.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A23B6F56D72CC46CFAA5

Amount of Each Receipt this Period

78.00

Payroll Deduction: \$13.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Alanna D Jackson

Mailing Address 47017 Manhattan Cir

City State Zip Code
Novi MI 48374

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

Name of Employer Occupation
Blue Cross Blue Shield of Supervisor
Michigan

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 286.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A1B8B30212933466395E

Amount of Each Receipt this Period

90.00

Payroll Deduction: \$18.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)

294.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Renata A Jalosinski	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4815 Hayman Dr	Transaction ID: A699B7153436940CCA01
	City Warren State MI Zip Code 48092	Amount of Each Receipt this Period 26.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) Regina R. Jamerson	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 6875 Chase Court	Transaction ID: A00768716776740CD8CC
	City W Bloomfield State MI Zip Code 48322	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Director - Regional Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 257.00	

C.	Full Name (Last, First, Middle Initial) Leslie A James	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 528 Woodhaven Dr	Transaction ID: A027F4EEA01C3452E965
	City Commerce Township State MI Zip Code 48390	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 417.00	

SUBTOTAL of Receipts This Page (optional)	301.00
TOTAL This Period (last page this line 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 101 / 300

(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.

Full Name (Last, First, Middle Initial)
Harvie Jariell

Mailing Address 1219 Berkshire Dr

City State Zip Code
Williamston MI 48895

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: ACBC97C6773F04A1AA45

Amount of Each Receipt this Period

203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Sue E Jenkins

Mailing Address 2391 Forest Oak Trl

City State Zip Code
Williamston MI 48895

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 448.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A97D649EE89C244A8AB3

Amount of Each Receipt this Period

203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Michael K Jennings II

Mailing Address 22646 Nottingham Ln

City State Zip Code
Southfield MI 48033

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 415.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A64E591575EFB46738AB

Amount of Each Receipt this Period

203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶

609.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Janet A Jennings		Date of Receipt	
	Mailing Address 8120 E. Jefferson #7d		M M / D D / Y Y Y Y Y 09 / 23 / 2010	
	City	State	Zip Code	Transaction ID: AD205BC3CF6AF45389ED
	Detroit	MI	48214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		203.00	
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Dir Medical Informatics		Payroll Deduction: \$29.00/- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00			

B.	Full Name (Last, First, Middle Initial) Gursie E Jimerson		Date of Receipt	
	Mailing Address 15625 Stone Crossing Dr		M M / D D / Y Y Y Y Y 09 / 23 / 2010	
	City	State	Zip Code	Transaction ID: A7E3CEB5AF65A4521BC6
	Southfield	MI	48075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		63.00	
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Business Analyst Adv		Payroll Deduction: \$9.00/- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00			

C.	Full Name (Last, First, Middle Initial) Leon J Johnson Jr		Date of Receipt	
	Mailing Address 15505 Grandville		M M / D D / Y Y Y Y Y 09 / 23 / 2010	
	City	State	Zip Code	Transaction ID: A891F07E799AC406DB67
	Detroit	MI	48223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		63.00	
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Operations Analyst		Payroll Deduction: \$9.00/- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.00			

SUBTOTAL of Receipts This Page (optional)	329.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 103 / 300
(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.

Full Name (Last, First, Middle Initial)
Douglas Johnson

Mailing Address 950 Deerwood Lane

City State Zip Code
Laingsburg MI 48848

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Physician Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.75

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A8FED24C730934BB9940

Amount of Each Receipt this Period
30.00

Payroll Deduction: \$15.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Kimberly A Jones-Schneider

Mailing Address 1219 Chelsea Blvd

City State Zip Code
Oxford MI 48371

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 ▼
652.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A01E8DBBF674723908

Amount of Each Receipt this Period
315.00

Payroll Deduction: \$45.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Steven Jones

Mailing Address 3931 Sashabaw Road

City State Zip Code
Waterford MI 48329

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Underwriter Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
233.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A9D94BD8605794BA4BFE

Amount of Each Receipt this Period
39.00

Payroll Deduction: \$13.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **384.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Rita J Kakish		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 11903 Glenview Dr		Transaction ID: A7B73B857B561482DA69
	City Plymouth	State MI	Zip Code 48170
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 234.50	Payroll Deduction: \$13.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) Kerrie Kaminski		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 604 S Edgeworth Ave		Transaction ID: AF80997BE33204D7F811
	City Royal Oak	State MI	Zip Code 48067
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 252.50	Payroll Deduction: \$13.00- /Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Kristen Kangas-Kraft		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1219 S Swegles St		Transaction ID: AB6663BADA1B14F0F8E7
	City Saint Johns	State MI	Zip Code 48879
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 410.50	Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	▶	307.00
TOTAL This Period (last page this line 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 105 / 300
(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. Full Name (Last, First, Middle Initial)
Robert W Kasperek

Mailing Address 34796 Bretton

City Livonia State MI Zip Code 48152

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: VP Deputy Gen Cnsl Reg Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A5ED9E1CE0B60451DAFE
 Amount of Each Receipt this Period: 315.00
 Payroll Deduction: \$45.00- /Bi-Weekly

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

Mailing Address 6091 Balmoral Way

City Commerce Township State MI Zip Code 48382-4892

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Director, Medical Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AA5AB425755794EA88BB
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction: \$20.00- /Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Joseph D Kearney

Mailing Address 2391 Lexington Cir S

City Canton State MI Zip Code 48188

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Director Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: ACFB70BDCC45646A692F
 Amount of Each Receipt this Period: 91.00
 Payroll Deduction: \$13.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 506.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David B Keener		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 823 W Oakridge		Transaction ID: AF0CEDD57298A4AD0B63		
	City Ferndale	State MI	Zip Code 48220	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date 326.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Valerie L Keesee		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 3400 E Coon Lake Rd		Transaction ID: A97B6C07614274A758D0		
	City Howell	State MI	Zip Code 48843	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Dir - Human Performance	Aggregate Year-to-Date 586.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Lorrie A Keilman		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 22044 Olmstead		Transaction ID: AD090B3FD436D4BD983D		
	City Dearborn	State MI	Zip Code 48124	Amount of Each Receipt this Period 90.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date 282.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	419.00
TOTAL This Period (last page this line 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 107 / 300
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Tricia Keith		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1918 Lloyd Ave		Transaction ID: A2072B756F4DA4FE1A92
	City Royal Oak	State MI	Zip Code 48073-3803
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP Corporate Secy & Services	Payroll Deduction: \$45.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	

B.	Full Name (Last, First, Middle Initial) Stephen H Kellar		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 23268 Mystic Frst		Transaction ID: A4A099197C55E44E7BD9
	City Novi	State MI	Zip Code 48375
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
	Name of Employer LifeSecure	Occupation VP & CFO Lifesecure	Payroll Deduction: \$45.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 621.00	

C.	Full Name (Last, First, Middle Initial) James F Keller		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1478 Shoemaker Dr		Transaction ID: AE7A223FB37BE45E782E
	City Westland	State MI	Zip Code 48185
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Team Lead Adv	Payroll Deduction: \$6.00/- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.50	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 108 / 300
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Victoria Kell	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 8175 Hunter Road	Transaction ID: A4676BBFC6A2E499DB31
	City Bath State MI Zip Code 48808-9459	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$25.00- /Bi-Weekly
	Name of Employer: Accident Fund Insurance Company of Ame Occupation: Director, Comp & Benefits Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 369.00	

B.	Full Name (Last, First, Middle Initial) Sandra G Kempton	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 19522 Northridge Bldg 2	Transaction ID: A8130303526864F19AD7
	City Northville State MI Zip Code 48167	Amount of Each Receipt this Period 27.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Team Leader li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 227.00	

C.	Full Name (Last, First, Middle Initial) Korin Kendra	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 815 S Lafayette	Transaction ID: A744506A6C43549DA8FC
	City Dearborn State MI Zip Code 48124	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Technology Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 282.00	

SUBTOTAL of Receipts This Page (optional)	267.00
TOTAL This Period (last page this line 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 109 / 300
(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.

Full Name (Last, First, Middle Initial)
Suzanne Kerr

Mailing Address 965 Duke St

City Milford State MI Zip Code 48381

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

Name of Employer LifeSecure Occupation Tbd-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A7D47F31AD2E64B3FBE1

Amount of Each Receipt this Period 35.00

Payroll Deduction: \$5.00/-
Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Marc D Keshishian

Mailing Address 30498 Fox Club Dr

City Farmington Hills State MI Zip Code 48331

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 ▼ 861.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A77F712645A3C4042B93

Amount of Each Receipt this Period 420.00

Payroll Deduction: \$60.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Kevin Keyser

Mailing Address 32567 Haverford Rd

City Franklin State MI Zip Code 48025

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Director - Medicare Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 466.00

Date of Receipt 09 / 23 / 2010

Transaction ID: AF153C14ADAA34BA3BFD

Amount of Each Receipt this Period 203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **658.00**

TOTAL This Period (last page this line 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 110 / 300
(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.

Full Name (Last, First, Middle Initial)
Faisal Khan

Mailing Address 1091 Beaver Run

City State Zip Code
Troy MI 48083

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Portfolio Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 271.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A715AF7833CE4465A9DA
 Amount of Each Receipt this Period: 72.00
 Payroll Deduction: \$18.00/-Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Kevin L Kihn

Mailing Address 10529 Stark

City State Zip Code
Livonia MI 48150

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A72D68F4ED0384FCB861
 Amount of Each Receipt this Period: 126.00
 Payroll Deduction: \$18.00/-Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Athena King

Mailing Address 3000 Forest Road

City State Zip Code
Lansing MI 48910-3785

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Claims Examiner Ii

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A9907A761CBC849EA888
 Amount of Each Receipt this Period: 18.00
 Payroll Deduction: \$9.00/-Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **216.00**

TOTAL This Period (last page this line 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 111 / 300
(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.

Full Name (Last, First, Middle Initial)
S G Kipa

Mailing Address 4774 Avondale Terrace

City State Zip Code
Blmfld Hls MI 48304

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 478.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A043F15596DD7482386B

Amount of Each Receipt this Period: 203.00

Payroll Deduction: \$29.00/-Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Kerilyn Kittmann

Mailing Address 4325 Chancellor Drive

City State Zip Code
Dewitt MI 48820-7878

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Director, Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 407.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AE75CAD28A7A741DA9E3

Amount of Each Receipt this Period: 174.00

Payroll Deduction: \$29.00/-Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Kevin Kitze

Mailing Address 32005 Nottingwood

City State Zip Code
Farmington Hills MI 48334

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Health Care Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A87BBCDD5AD924AA0B61

Amount of Each Receipt this Period: 63.00

Payroll Deduction: \$9.00/-Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **440.00**

TOTAL This Period (last page this line 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 112 / 300
(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.

Full Name (Last, First, Middle Initial)
Kevin J Klobucar

Mailing Address 2685 Greenstone Blvd
Apt 1010

City Auburn Hills State MI Zip Code 48326

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 692.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A623F4396173445C4B72
Amount of Each Receipt this Period 315.00
Payroll Deduction: \$45.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Susan A Kluge

Mailing Address 10795 Stoney Point Dr

City South Lyon State MI Zip Code 48178

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 ▼ 891.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A8AC213ECF74B48998C4
Amount of Each Receipt this Period 420.00
Payroll Deduction: \$60.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Roni Klungle

Mailing Address 2245 Main

City Holt State MI Zip Code 48842-1005

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

Name of Employer Accident Fund Insurance Company of Ame
Occupation Manager, Cash & Collections

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 09 / 23 / 2010
Transaction ID: AEFED5D314443437983C
Amount of Each Receipt this Period 66.00
Payroll Deduction: \$11.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **801.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mark J Koerner		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 6070 Oak Park Trail		Transaction ID: A431E1378B2DA40E0AB2
	City Haslett	State MI	Zip Code 48840
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager-key Account	Payroll Deduction: \$13.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00	

B.	Full Name (Last, First, Middle Initial) Lorna M Koscielny		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 35560 Ann Arbor Trail		Transaction ID: A927DA8DC695E4898A3A
	City Livonia	State MI	Zip Code 48150
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 108.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Program Manager Contract Mgmt	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 308.00	

C.	Full Name (Last, First, Middle Initial) Eileen Kostanecki		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 6012 27th Rd N		Transaction ID: AC9AAC866615A4E4893A
	City Arlington	State VA	Zip Code 22207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Health Policy Consultant	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 326.00	

SUBTOTAL of Receipts This Page (optional)	▶	260.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark N Kowalsky		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 455 Crystalia Dr		Transaction ID: A298D20EB4FEE456AA83		
	City Commrce Twp	State MI	Zip Code 48382	Amount of Each Receipt this Period 14.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$2.00/- Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Technology Specialist	Aggregate Year-to-Date 242.00		

B.	Full Name (Last, First, Middle Initial) Catherine S Kowalsky		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 455 Crystalia Dr		Transaction ID: A7A787097AF3C4EC888C		
	City Commrce Twp	State MI	Zip Code 48382	Amount of Each Receipt this Period 70.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$10.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Analyst - Senior	Aggregate Year-to-Date 276.00		

C.	Full Name (Last, First, Middle Initial) Elana S Kozik		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 13109 Vernon		Transaction ID: A9306497D420E4207A02		
	City Hunting Wds	State MI	Zip Code 48070	Amount of Each Receipt this Period 315.00	
	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 Prod/proc Improvement	Aggregate Year-to-Date 658.00		

SUBTOTAL of Receipts This Page (optional)	399.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kenneth L Krisan	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1921 Dogwood Trail	Transaction ID: ACC75A1BB65764BAEB70
	City State Zip Code Walled Lk MI 48390	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 477.00	

B.	Full Name (Last, First, Middle Initial) Corey Krystyniak	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2927 Hartline Dr	Transaction ID: AFD70F5A4F1154E70B24
	City State Zip Code Rochester Hills MI 48309	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Procurement Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 318.00	

C.	Full Name (Last, First, Middle Initial) Julia M Kuks	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1073 Magnolia	Transaction ID: A4893665C2F61409E865
	City State Zip Code Inkster MI 48141	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Sales Infrm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 271.00	

SUBTOTAL of Receipts This Page (optional)	▶	401.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Susan L Kuypers	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 21524 Boyd Court	Transaction ID: A8AE696771125409C990
	City State Zip Code Macomb MI 48044	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$20.00- /Bi-Weekly
	Name of Employer Occupation Blue Cross Blue Shield of Michigan Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

B.	Full Name (Last, First, Middle Initial) Katherine L Labadie	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 40269 Sandy Dr	Transaction ID: A253241E3E43C48099B2
	City State Zip Code Clinton Township MI 48038	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer Occupation Blue Cross Blue Shield of Michigan Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.00	

C.	Full Name (Last, First, Middle Initial) Bill Ladouceur	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 156 Wadsworth Lane	Transaction ID: AADFBEBB9D99143A5815
	City State Zip Code Bloomfield Hills MI 48301	Amount of Each Receipt this Period 26.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer Occupation Blue Cross Blue Shield of Michigan Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.00	

SUBTOTAL of Receipts This Page (optional)	349.00
TOTAL This Period (last page this line 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 117 / 300
(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.

Full Name (Last, First, Middle Initial)
Darcy Lake Kerr

Mailing Address 10700 Sunfield Road

City State Zip Code
Sunfield MI 48890-9746

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

Name of Employer
Accident Fund Insurance Company of Ame

Occupation
VP, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
586.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A0091ED3E83094C6BB64

Amount of Each Receipt this Period
270.00

Payroll Deduction: \$45.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Teresa Lambie

Mailing Address 13230 Hide Away

City State Zip Code
Dewitt MI 48820-8093

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

Name of Employer
Accident Fund Insurance Company of Ame

Occupation
Manager, Web Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A17ADB02FE4E1443FB2B

Amount of Each Receipt this Period
39.00

Payroll Deduction: \$13.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Beverly M Lamb-Stovall

Mailing Address 5711 Branford Dr

City State Zip Code
W Bloomfield MI 48322

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Director - Regional Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
494.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: AE1F2C796E8E94889834

Amount of Each Receipt this Period
203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **512.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Anthony Lancione		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2463 Lost Creek Drive		Transaction ID: A1522B944C0FC4795B01
	City Flushing	State MI	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 174.00
	Name of Employer Accident Fund Insurance Company of Ame		Occupation Director, Premium Audit
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 413.00	Payroll Deduction: \$29.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) James Lang		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 9050 Carter Dr		Transaction ID: A6513F6062EA14A0FB4C
	City Saline	State MI	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation VP Pharmacy Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 657.00	Payroll Deduction: \$45.00- /Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Marla D Larkin		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 19182 Blackstone		Transaction ID: AA472A0FD67AF4E6EAEB
	City Detroit	State MI	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 286.00	Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	▶	579.00
TOTAL This Period (last page this line 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 119 / 300

(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.

Full Name (Last, First, Middle Initial)
Kerri L Larkin

Mailing Address 21882 Chase Dr

City State Zip Code
Novi MI 48375

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Manager Admin

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A9A6961B18CF9444FB22

Amount of Each Receipt this Period

90.00

Payroll Deduction: \$18.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Lee Anne Latchaw

Mailing Address 45430 CR 390

City State Zip Code
Bloomingtondale MI 49026-8791

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

Name of Employer Occupation
Accident Fund Insurance Company of Ame Assistant General Counsel li

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 258.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: ACB1BC8BFC89446E3AA9

Amount of Each Receipt this Period

72.00

Payroll Deduction: \$18.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Warren H Lawes

Mailing Address 2087 Rosemont

City State Zip Code
Berkley MI 48072

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 223.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A3465DAAA34C14AF9BA9

Amount of Each Receipt this Period

26.00

Payroll Deduction: \$13.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)

188.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Kevin Law	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 1321 Millcreek Dr	Transaction ID: AE283A702E4C54002B02
City State Zip Code Waterford MI 48327	Amount of Each Receipt this Period 36.00
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager - Talent Acq
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00

B.

Full Name (Last, First, Middle Initial) Joann D Lechevalier	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 11681 Sycamore	Transaction ID: A2E607597FDBA41CD97C
City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 63.00
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Sr. Auditor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.00

C.

Full Name (Last, First, Middle Initial) Carolyn Lee	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 2758 E Lafayette #304	Transaction ID: A8965BE2EDB324921964
City State Zip Code Detroit MI 48207	Amount of Each Receipt this Period 63.00
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Sr Executive Asst To The CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00

SUBTOTAL of Receipts This Page (optional)	▶	162.00
TOTAL This Period (last page this line 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 121 / 300
(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.

Full Name (Last, First, Middle Initial)
Elaina Lee

Mailing Address 27861 Weymouth Dr

City Farmington Hills State MI Zip Code 48334

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Team Leader I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A8D050144D29649D9903
 Amount of Each Receipt this Period 126.00
 Payroll Deduction: \$18.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Cheri A Lehto

Mailing Address 4051 Wakefield Rd

City Berkley State MI Zip Code 48072

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 332.00

Date of Receipt 09 / 23 / 2010
Transaction ID: ABA0AA99CFAE94FD6AD2
 Amount of Each Receipt this Period 126.00
 Payroll Deduction: \$18.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Beverly J Lentz

Mailing Address 1921 Vineway Unit 35

City Canton State MI Zip Code 48188

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 354.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A6009DB60ADD64FB7983
 Amount of Each Receipt this Period 126.00
 Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **378.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 300
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Anna Lepore

Mailing Address 4436 Eleanor

City State Zip Code
Troy MI 48085

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Analyst - Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A2F0285ABA1E24BE98D2

Amount of Each Receipt this Period
63.00

Payroll Deduction: \$9.00/-
Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Elizabeth R Lepouttre

Mailing Address 36552 Catalpa Ln

City State Zip Code
New Baltimore MI 48047

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
309.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A48487C5576744110A88

Amount of Each Receipt this Period
126.00

Payroll Deduction: \$18.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Kathryn G Levine

Mailing Address 1788 Pierce

City State Zip Code
Birmingham MI 48009

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
VP Corp Mktng & Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
837.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A27EC4ECF18934C3D999

Amount of Each Receipt this Period
420.00

Payroll Deduction: \$60.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **609.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 300
(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.

Full Name (Last, First, Middle Initial)
Cynthia A Lewis

Mailing Address 14210 Houghton

City Livonia State MI Zip Code 48154

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Consultant - Lean

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 223.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A9E11B4EDE8884F9FB22
Amount of Each Receipt this Period 26.00
Payroll Deduction: \$13.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Cheryl B Lewis

Mailing Address 29555 Bermuda

City Southfld State MI Zip Code 48076

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 251.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A08462E5B381E414FBA0
Amount of Each Receipt this Period 42.00
Payroll Deduction: \$6.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Orin M Lewis

Mailing Address 5827 Applewood Apt 802

City West Bloomfield State MI Zip Code 48322

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Dir Customer Svcs

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 479.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A2E48EC9FCD654E048CF
Amount of Each Receipt this Period 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 271.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Joseph G Lieblang		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 22337 Tenny		Transaction ID: AB59159D9C2AA4BFBA4A		
	City Dearborn	State MI	Zip Code 48124	Amount of Each Receipt this Period 108.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date 306.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) James D Line		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 117 Wenonah Drive		Transaction ID: AC8035681A1C94BA591E		
	City Pontiac	State MI	Zip Code 48341	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Aggregate Year-to-Date 420.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) David Linehan		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 31206 Bobrich		Transaction ID: A800C2DA1F3EB4CC4A7D		
	City Livonia	State MI	Zip Code 48152	Amount of Each Receipt this Period 90.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Attorney Associate	Aggregate Year-to-Date 277.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	401.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DeAndre A Lipscomb		Date of Receipt
	Mailing Address 29064 Raleigh Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Farmington Hills MI 48336		<input type="text"/> 09 / <input type="text"/> 23 / <input type="text"/> 2010
	FEC ID number of contributing federal political committee. C		Transaction ID: A28BA0908862F4470B2A
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 415.00	Amount of Each Receipt this Period <input type="text"/> 203.00
			Payroll Deduction: \$29.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) Paul G Litchfield		Date of Receipt
	Mailing Address 5825 Rosebrook Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Troy MI 48085		<input type="text"/> 09 / <input type="text"/> 23 / <input type="text"/> 2010
	FEC ID number of contributing federal political committee. C		Transaction ID: A139632CC359C4148937
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation Ld Financial Analyst
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 362.00	Amount of Each Receipt this Period <input type="text"/> 63.00
			Payroll Deduction: \$9.00- Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Kathleen F Liu		Date of Receipt
	Mailing Address 29632 Edward Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Livonia MI 48154		<input type="text"/> 09 / <input type="text"/> 23 / <input type="text"/> 2010
	FEC ID number of contributing federal political committee. C		Transaction ID: A83A70BD9D1934D1F8F6
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	Amount of Each Receipt this Period <input type="text"/> 26.00
			Payroll Deduction: \$13.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 292.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Rollyn R Llewellyn II	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 5897 Donaldson Dr	Transaction ID: A02CC613355764D57A29
	City State Zip Code Troy MI 48085	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Technology Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 285.00	

B.	Full Name (Last, First, Middle Initial) Daniel J Loepp	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1720 Washington Blvd	Transaction ID: A3B884979D3D84A59844
	City State Zip Code Birmingham MI 48009	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$60.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 867.00	

C.	Full Name (Last, First, Middle Initial) Diane M Logsdon	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 8485 Westminster	Transaction ID: A6E5C00C300584E8B8B3
	City State Zip Code Warren MI 48089	Amount of Each Receipt this Period 63.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Grievance & Appeals Coord Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 266.00	

SUBTOTAL of Receipts This Page (optional)	573.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Cathy M Longo		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 30790 Plum Lane		Transaction ID: A78014A3989914C8A972		
	City Madison Hts	State MI	Zip Code 48071	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Aggregate Year-to-Date 535.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Lynda Longshore		Date of Receipt MM / DD / YYYY 07 / 14 / 2010		
	Mailing Address 555 Brush St Apt 1102		Transaction ID: A60AC94F18A0B4570B25		
	City Detroit	State MI	Zip Code 48226	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$10.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Admin Assistant-dir	Aggregate Year-to-Date 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Jose Lopez		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 2733 Johnathan Ave NE		Transaction ID: ABFE982B22F274E9C87B		
	City Grand Rapids	State MI	Zip Code 49525	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$5.00/- Bi-Weekly		
	Name of Employer Accident Fund Insurance Company of Ame	Occupation Manager, Facility Services	Aggregate Year-to-Date 209.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	223.00
TOTAL This Period (last page this line 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 128 / 300 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Brian Mabie</p> <p>Mailing Address 42309 Oakland Drive</p> <p>City State Zip Code Canton MI 48188</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan</p> <p>Occupation Clinical Pharmacist- Mktg</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 320.00</p>	<p>Date of Receipt 09 / 23 / 2010</p> <p>Transaction ID: AEA64160D8D684966942</p> <p>Amount of Each Receipt this Period 126.00</p> <p>Payroll Deduction: \$18.00- /Bi-Weekly</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Mary Mackenzie</p> <p>Mailing Address 1534 Creal Crescent</p> <p>City State Zip Code Ann Arbor MI 48103-2420</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan</p> <p>Occupation Assistant General Counsel li</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 311.00</p>	<p>Date of Receipt 09 / 23 / 2010</p> <p>Transaction ID: A2D90F61866F94B1EBCD</p> <p>Amount of Each Receipt this Period 108.00</p> <p>Payroll Deduction: \$18.00- /Bi-Weekly</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Paul MacLellan</p> <p>Mailing Address 7395 Wellington Road</p> <p>City State Zip Code Brighton MI 48116</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan</p> <p>Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 459.00</p>	<p>Date of Receipt 09 / 23 / 2010</p> <p>Transaction ID: AD0BC6DB21ED747BCA46</p> <p>Amount of Each Receipt this Period 203.00</p> <p>Payroll Deduction: \$29.00- /Bi-Weekly</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	437.00
<p>TOTAL This Period (last page this line number only)</p>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Janet P Macqueen	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 3214 Chesapeake Dr	Transaction ID: A0BFD343C3D4D4241B37
	City State Zip Code Sterling Heights MI 48314-1869	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$60.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP Chief Info Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 855.00	

B.	Full Name (Last, First, Middle Initial) Robert C Maguire	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 11031 Hillcrest St	Transaction ID: A793AEB5E6D641DDB80
	City State Zip Code Livonia MI 48150	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00- Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Actuary-assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.00	

C.	Full Name (Last, First, Middle Initial) Chris J Maier	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 6061 Middle Lake Rd	Transaction ID: A580F5F90FA7E4764BEB
	City State Zip Code Clarkston MI 48346	Amount of Each Receipt this Period 315.00
	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 Claims & Enrollment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 697.00	

SUBTOTAL of Receipts This Page (optional)	780.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Julie K Maier		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 6061 Middle Lake Rd		Transaction ID: ABD8A6E80D9BD43EE968		
	City Clarkston	State MI	Zip Code 48346	Amount of Each Receipt this Period 72.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date 267.00		

B.	Full Name (Last, First, Middle Initial) Suzanne Mancos		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 1987 Seabright Ct		Transaction ID: AA907930894C844CBA51		
	City Royal Oak	State MI	Zip Code 48073	Amount of Each Receipt this Period 45.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$9.00- Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation It Auditor Principal	Aggregate Year-to-Date 244.00		

C.	Full Name (Last, First, Middle Initial) Laura S Marble		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 1880 Golf Ridge Dr S		Transaction ID: ADD21E1845E5E491286C		
	City Bloomfield Townshi	State MI	Zip Code 48302	Amount of Each Receipt this Period 420.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$60.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP Mi Delivery System&support	Aggregate Year-to-Date 812.00		

SUBTOTAL of Receipts This Page (optional)	537.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Alean Martin	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 23362 Hickory Creek	Transaction ID: AD84EB9AD9F7249CBBDC
	City State Zip Code Macomb Twp MI 48042	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 213.00	

B.	Full Name (Last, First, Middle Initial) Trine J Martinez	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 43585 Serenity Dr.	Transaction ID: AB2DD0D0228A2456D80D
	City State Zip Code Northville MI 48167	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager-regional Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 353.00	

C.	Full Name (Last, First, Middle Initial) Daniel N Martin	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1447 W Hazelhurst St	Transaction ID: AD13078744C5D4F42AE3
	City State Zip Code Ferndale MI 48220	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Dir Provider Serv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 442.00	

SUBTOTAL of Receipts This Page (optional)	420.00
TOTAL This Period (last page this line 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 132 / 300
(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.

Full Name (Last, First, Middle Initial)
David L Marzec

Mailing Address 34576 Hawke Dr

City State Zip Code
Strlg Hts MI 48310

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.25

Date of Receipt: 09 / 23 / 2010
Transaction ID: A15C89C914D694CA7BE0
Amount of Each Receipt this Period: 91.00
Payroll Deduction: \$13.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Frank A Maslowski

Mailing Address 5160 Mead

City State Zip Code
Dearborn MI 48126

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.25

Date of Receipt: 09 / 23 / 2010
Transaction ID: AD00DF92AE64247C3820
Amount of Each Receipt this Period: 108.00
Payroll Deduction: \$18.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Patrice Matejka

Mailing Address 19520 Hillcrest

City State Zip Code
Livonia MI 48152

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Director Hr Business Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.50

Date of Receipt: 09 / 23 / 2010
Transaction ID: AD3C6BF05626849F89D2
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **402.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 300 (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

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

<p>A. Full Name (Last, First, Middle Initial) Sibi Mathew</p> <p>Mailing Address 12653 Wendover Ct</p> <hr/> <p>City State Zip Code Plymouth MI 48170</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 244.00</p>	<p>Date of Receipt 09 / 23 / 2010</p> <p>Transaction ID: A312744998E73482FA90</p> <p>Amount of Each Receipt this Period 52.00</p> <p>Payroll Deduction: \$13.00- /Bi-Weekly</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Michael A Mattei</p> <p>Mailing Address 6088 Glen Eagles</p> <hr/> <p>City State Zip Code W Blmfld MI 48323</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 357.00</p>	<p>Date of Receipt 09 / 23 / 2010</p> <p>Transaction ID: A45792E8E64DD4ADDADF</p> <p>Amount of Each Receipt this Period 126.00</p> <p>Payroll Deduction: \$18.00- /Bi-Weekly</p>
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<p>C. Full Name (Last, First, Middle Initial) Edward J Maul</p> <p>Mailing Address 630 S Melborn St</p> <hr/> <p>City State Zip Code Dearborn MI 48124</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Health Care Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 255.00</p>	<p>Date of Receipt 09 / 23 / 2010</p> <p>Transaction ID: AF70656C333324E9298F</p> <p>Amount of Each Receipt this Period 65.00</p> <p>Payroll Deduction: \$13.00- /Bi-Weekly</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	243.00
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 300
(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.

Full Name (Last, First, Middle Initial)
Gregory A Mays

Mailing Address 33865 Trillium Court

City Livonia State MI Zip Code 48150

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Director - Regional Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 464.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A59F7BB21C1774EB7BC9
 Amount of Each Receipt this Period: 203.00
 Payroll Deduction: \$29.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Andrew McCallum

Mailing Address 25823 Groveland Ln

City Novi State MI Zip Code 48374

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Dir Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A0EEDDA477C3842B7837
 Amount of Each Receipt this Period: 203.00
 Payroll Deduction: \$29.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Brenda A Mccarthy-Rogers

Mailing Address 1466 Silverbrook Ridge Dr

City Walled Lake State MI Zip Code 48390

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager Medical Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AFC4C50EE2BEE4375B3D
 Amount of Each Receipt this Period: 91.00
 Payroll Deduction: \$13.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **497.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Judy-Ann M McChester	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 17120 Coral Gables	Transaction ID: AF29D8F1C48674513A1B
	City State Zip Code Southfld MI 48076	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

B.	Full Name (Last, First, Middle Initial) Pierre A McDougall	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 19473 Tanglewood Circle	Transaction ID: A8A09A927B1A84EEBAA7
	City State Zip Code Clinton Township MI 48038	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Adonna M. Mcfall	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address PO Box 3895	Transaction ID: A9586E141103A493AAF3
	City State Zip Code Southfield MI 48037	Amount of Each Receipt this Period 108.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager Customer Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.00	

SUBTOTAL of Receipts This Page (optional)	514.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Charles McGeehan	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 201 S River Street	Transaction ID: A07C91DB79C514084B7D
	City State Zip Code Eaton Rapids MI 48827-1503	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer Accident Fund Insurance Company of Ame Occupation Manager, Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 272.00	

B.	Full Name (Last, First, Middle Initial) Heidi L McGlinnen	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 11348 Cavell St	Transaction ID: A27B665D0ECC045B6A4E
	City State Zip Code Livonia MI 48150	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 329.50	

C.	Full Name (Last, First, Middle Initial) Monica L Mckinney	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 17596 Roxbury Ave	Transaction ID: AE30A8AD452FD44158DF
	City State Zip Code Southfield MI 48075	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 282.00	

SUBTOTAL of Receipts This Page (optional)	288.00
TOTAL This Period (last page this line 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 137 / 300
(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. Full Name (Last, First, Middle Initial)
Matthew McLaughlin

Mailing Address 31275 Portside Drive
Apt. 17305

City State Zip Code
Novi MI 48377

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Analyst Prod Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AA293ABAAA70A41ECAD1
 Amount of Each Receipt this Period: 50.00
 Payroll Deduction: \$10.00- /Bi-Weekly

B. Full Name (Last, First, Middle Initial)
H. Jay Meier

Mailing Address 19901 Devonshire Ln

City State Zip Code
Macomb MI 48044

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Health Care Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A06FB36C438594AC8A53
 Amount of Each Receipt this Period: 70.00
 Payroll Deduction: \$10.00- /Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Kimberly A Meisel

Mailing Address 19820 Fry

City State Zip Code
Northville MI 48167

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Technology Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A2A9D53D72D3E46D39A9
 Amount of Each Receipt this Period: 91.00
 Payroll Deduction: \$13.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 211.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dan A Mekled		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1750 N Rosevere		Transaction ID: A9AC12E9B232846A6958
	City Dearborn	State MI	Zip Code 48128
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Consultant - Business	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 283.00	

B.	Full Name (Last, First, Middle Initial) Darrell Middleton		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 5669 Shore Dr		Transaction ID: ACD5835CD17874A48A7E
	City Orchard Lake	State MI	Zip Code 48324
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 420.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Svp Bus Effic & Human Perf	Payroll Deduction: \$60.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 858.00	

C.	Full Name (Last, First, Middle Initial) Teresa Mikan		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1231 White Oaks		Transaction ID: A4F26C0C4F52F49B7A24
	City Okemos	State MI	Zip Code 48864
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Attorney Senior	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 583.00	

SUBTOTAL of Receipts This Page (optional)	▶	713.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert Milewski	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 59769 Glacier Club Dr	Transaction ID: AEBDECA68A4164FAF8D5
	City State Zip Code Washington Twp MI 48094	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$60.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation SVP Ops & Health Care Value	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 842.00	

B.	Full Name (Last, First, Middle Initial) Craig B Millard	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1072 Blue Ridge Drive	Transaction ID: A0A2C3D16926B42E4852
	City State Zip Code Clarkston MI 48348	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Technology Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 413.00	

C.	Full Name (Last, First, Middle Initial) Arthur Miller III	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 802 Carom Circle	Transaction ID: AC2B787451C944968AE7
	City State Zip Code Mason MI 48854-9376	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$15.00- /Bi-Weekly
Name of Employer Accident Fund Insurance Company of Ame	Occupation Legislative Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.00	

SUBTOTAL of Receipts This Page (optional)	636.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James D Mills		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 37753 Chase Ct		Transaction ID: A53280C4CABB54F5A9BA
	City Livonia	State MI	Zip Code 48150
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 402.00	

B.	Full Name (Last, First, Middle Initial) Angela Mims		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 17288 Sunnybrook		Transaction ID: AE584C019394C48F8B40
	City Southfld	State MI	Zip Code 48076
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Analyst li - Rn	Payroll Deduction: \$6.00- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 297.00	

C.	Full Name (Last, First, Middle Initial) Dominick A Mitchell III		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 41500 Ladywood Ct		Transaction ID: A40694103FE524B189F4
	City Northville	State MI	Zip Code 48167
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 399.00	

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

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

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

FOR LINE NUMBER: PAGE 141 / 300
(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. Full Name (Last, First, Middle Initial)
Amy E Modlin
Mailing Address 2312 Fort William Dr
City Olney State MD Zip Code 20832-1665
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation Director
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00
Date of Receipt 09 / 23 / 2010
Transaction ID: AC35D67BCF1AF4C90BE2
Amount of Each Receipt this Period 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

B. Full Name (Last, First, Middle Initial)
Mary E Mohn
Mailing Address 256 Felice St
City Wyandotte State MI Zip Code 48192
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 227.00
Date of Receipt 09 / 23 / 2010
Transaction ID: A8968D491B6034185B6F
Amount of Each Receipt this Period 39.00
Payroll Deduction: \$13.00- /Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Michael A Momrik
Mailing Address 15504 Oak Hollow Drive
City Holly State MI Zip Code 48442
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 ▼ 260.50
Date of Receipt 09 / 23 / 2010
Transaction ID: AB6C792BC3A6F4E0C971
Amount of Each Receipt this Period 72.00
Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 314.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kevin P Monaghan		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1719 Hillcrest Drive		Transaction ID: ADC2E5C789B704C80BBA
	City Rochester Hills	State MI	Zip Code 48306
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 108.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Tech Solutions Architect	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 304.00	

B.	Full Name (Last, First, Middle Initial) Erika Monroe		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 15531 Brookstone Dr		Transaction ID: AE455F5080045483C856
	City Clinton Township	State MI	Zip Code 48035
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Dir Actuarial Svcs	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 470.00	

C.	Full Name (Last, First, Middle Initial) Cindy S Monroe		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 320 Hamilton Rd		Transaction ID: A09AEBD5ED3C3465BB2F
	City Bloomfield Hills	State MI	Zip Code 48301
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP Strategy	Payroll Deduction: \$45.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 595.50	

SUBTOTAL of Receipts This Page (optional)	626.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kelley Monterusso		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 11725 Forestwood Drive		Transaction ID: A04E353BF1FE44A3DAD2		
	City Cedar Springs	State MI	Zip Code 49319	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director - Regional Sales	Aggregate Year-to-Date 494.00		

B.	Full Name (Last, First, Middle Initial) Gary G Montmorency		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 32363 Baintree		Transaction ID: AB0DA5DCDF38B47CD81C		
	City Frmgtn Hls	State MI	Zip Code 48334	Amount of Each Receipt this Period 78.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$13.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager It	Aggregate Year-to-Date 276.00		

C.	Full Name (Last, First, Middle Initial) Barbara A Mooradian		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 2621 Somerset Apt 201		Transaction ID: AA143497CEAE846EBBCC		
	City Troy	State MI	Zip Code 48084	Amount of Each Receipt this Period 54.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date 254.00		

SUBTOTAL of Receipts This Page (optional)	335.00
TOTAL This Period (last page this line 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 144 / 300
(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.

Full Name (Last, First, Middle Initial)
Marcia E Moore

Mailing Address 49405 Oxley Rd

City State Zip Code
Macomb MI 48044

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Manager-regional Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	1	0

Transaction ID: ACB27E0839A7748B4986

Amount of Each Receipt this Period
26.00

Payroll Deduction: \$13.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Sharon L Moore

Mailing Address 1845 Maple Park Dr East

City State Zip Code
Canton MI 48188

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
232.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	1	0

Transaction ID: A6205F004FAFF481BBB2

Amount of Each Receipt this Period
39.00

Payroll Deduction: \$13.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Mary Moore

Mailing Address 7732 Hipp

City State Zip Code
Taylor MI 48180

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 ▼
420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	1	0

Transaction ID: AEA05D4298CB048C0A96

Amount of Each Receipt this Period
203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **268.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Peter Morgan Jr	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 28529 Westerleigh Rd	Transaction ID: A79544065D05242409E2
	City Farmington Hills State MI Zip Code 48334	Amount of Each Receipt this Period 52.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 243.00	

B.	Full Name (Last, First, Middle Initial) Diane J Morin	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 51 Mohawk	Transaction ID: A9562D3BEEE8A413694E
	City Pontiac State MI Zip Code 48341	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) Monica J Morris	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 26803 Berg Rd Apt 114	Transaction ID: AC80769029E5F4D3AB34
	City Southfld State MI Zip Code 48034	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00	

SUBTOTAL of Receipts This Page (optional)	233.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 300
(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.

Full Name (Last, First, Middle Initial)
Rick V Morrone

Mailing Address 3751 Parker

City State Zip Code
Dearborn MI 48124

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: VP Auto Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 726.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A0116804AA7E5442194B
 Amount of Each Receipt this Period: 315.00
 Payroll Deduction: \$45.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Troy Mounsey

Mailing Address 12632 Oneida Woods Trail

City State Zip Code
Grand Ledge MI 48837-8995

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Regional Mgr, Bus Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A08CB52676CF24EDFA0F
 Amount of Each Receipt this Period: 39.00
 Payroll Deduction: \$13.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Paul Mozak

Mailing Address 22552 Havergale St

City State Zip Code
Novi MI 48374

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 ▼ 615.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A91A127C5980C49FBAA8
 Amount of Each Receipt this Period: 315.00
 Payroll Deduction: \$45.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **669.00**

TOTAL This Period (last page this line 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 147 / 300
(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

<p>A. Full Name (Last, First, Middle Initial) Jaime Mullen</p> <p>Mailing Address 5935 Cartago Drive</p> <p>City State Zip Code Lansing MI 48911-6480</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Accident Fund Insurance Company of Ame</p> <p>Occupation Manager, Is Bus Relationships</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 342.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010</p> <p>Transaction ID: AC DFA5575DA4F4AFB92D</p> <p>Amount of Each Receipt this Period 108.00</p> <p>Payroll Deduction: \$18.00- /Bi-Weekly</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Mark Muller</p> <p>Mailing Address 13700 White Tail Run</p> <p>City State Zip Code Milford MI 48380</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan</p> <p>Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 319.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010</p> <p>Transaction ID: A95BBCDF46B6241EEB48</p> <p>Amount of Each Receipt this Period 126.00</p> <p>Payroll Deduction: \$18.00- /Bi-Weekly</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Catherine A Murphy</p> <p>Mailing Address 1911 Bacon Ave</p> <p>City State Zip Code Berkley MI 48072</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan</p> <p>Occupation Dir Memb & Prov Acctg</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 529.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010</p> <p>Transaction ID: A6D78585FA04043C4A0F</p> <p>Amount of Each Receipt this Period 203.00</p> <p>Payroll Deduction: \$29.00- /Bi-Weekly</p>
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SUBTOTAL of Receipts This Page (optional)	437.00
TOTAL This Period (last page this line 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 148 / 300
(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. Full Name (Last, First, Middle Initial)
Mary Murphy

Mailing Address 16196 Madoline

City State Zip Code
Beverly Hills MI 48025

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Consultant Product Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 313.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A71383620631C402CAB5
 Amount of Each Receipt this Period: 91.00
 Payroll Deduction: \$13.00- /Bi-Weekly

B. Full Name (Last, First, Middle Initial)
John T Murphy

Mailing Address 3236 Gateway Ledge

City State Zip Code
Walled Lake MI 48390

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Mgr Provider Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.10

Date of Receipt: 09 / 23 / 2010
Transaction ID: A7B9E61ACF7A24D44B6A
 Amount of Each Receipt this Period: 30.00
 Payroll Deduction: \$15.00- /Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Joseph W Murray

Mailing Address 22325 Yale St

City State Zip Code
St Clair Shores MI 48081

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Attorney Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: ABEA69AA28BBE4137887
 Amount of Each Receipt this Period: 203.00
 Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **324.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Paula Mutch	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 46344 Turnbuckle Ln	Transaction ID: A6A6DAFADEF6A466C9E5
	City State Zip Code Macomb MI 48044	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager-key Account Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 283.00	

B.	Full Name (Last, First, Middle Initial) Geoffrey Mwaungulu	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 29816 Deer Run	Transaction ID: A8932A88B9910458999B
	City State Zip Code Farmington Hills MI 48331	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 426.00	

C.	Full Name (Last, First, Middle Initial) Robin G Mynhier	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 3257 Outback Trl	Transaction ID: ABA8D3F8DE8594E95AC8
	City State Zip Code Pinckney MI 48169	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Technology Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional)	419.00
TOTAL This Period (last page this line 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 150 / 300
(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.

Full Name (Last, First, Middle Initial)
Hemachandra Nalamolu

Mailing Address 44923 Revere Dr

City State Zip Code
Novi MI 48377

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Manager - Project

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A9BE1DFA61EB24E9ABDF

Amount of Each Receipt this Period
54.00

Payroll Deduction: \$18.00/-
Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Michael L Namee

Mailing Address 46650 Donahue

City State Zip Code
Macomb MI 48044

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Systems Analyst Adv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: AD5D4DA578F2B40EDB10

Amount of Each Receipt this Period
63.00

Payroll Deduction: \$9.00/-
Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Gloria E Nastas

Mailing Address 1606 Woodgate

City State Zip Code
Troy MI 48083

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Senior Health Care Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A4EEA25BB2C454D1ABDF

Amount of Each Receipt this Period
63.00

Payroll Deduction: \$9.00/-
Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Reina H Navarra

Mailing Address 43529 Bayfield

City State Zip Code
Clntn Twp MI 48038

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 437.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A249DC14E3D94474B906
Amount of Each Receipt this Period: 126.00
Payroll Deduction: \$18.00- /Bi-Weekly

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

Mailing Address 5270 Inverrary Ln

City State Zip Code
Commrce Twp MI 48382

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 ▼ 582.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A5F4141AF11C0447A842
Amount of Each Receipt this Period: 245.00
Payroll Deduction: \$35.00- /Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Paul S Nehls

Mailing Address 1654 Delmonte

City State Zip Code
Walled Lake MI 48390

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Finance Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AA59D3C74ADCE40B1944
Amount of Each Receipt this Period: 52.00
Payroll Deduction: \$13.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **423.00**

TOTAL This Period (last page this line 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 152 / 300
(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.

Full Name (Last, First, Middle Initial)
Richard J Nelson

Mailing Address 16184 Nathan

City State Zip Code
Macomb Township MI 48044

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Finance Shared Srvc Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: ACB912C492A084926B1D
 Amount of Each Receipt this Period: 63.00
 Payroll Deduction: \$9.00/-Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
David R Nelson

Mailing Address 23928 Devonshire Dr

City State Zip Code
Novi MI 48374

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 ▼ 701.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A047F2CE040DD4DC7A90
 Amount of Each Receipt this Period: 315.00
 Payroll Deduction: \$45.00-/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Roy E Nesler

Mailing Address PO Box 871159

City State Zip Code
Canton MI 48187

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Dir - Payroll Srvc & HRIS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 413.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AC3AF7E04896840DC84D
 Amount of Each Receipt this Period: 203.00
 Payroll Deduction: \$29.00-/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **581.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Marla Nicholas		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 144 Mohawk		Transaction ID: A5B1F4C9A22594A36929
	City Dearborn	State MI	Zip Code 48124
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 258.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey Nielson		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 22875 Cranbrooke Dr		Transaction ID: ABBA89CCFC79F4DBC8DB
	City Novi	State MI	Zip Code 48375
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 435.00	

C.	Full Name (Last, First, Middle Initial) Jennifer E Nosakowski		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1377 Morning Mist Dr		Transaction ID: ABFBAAF360DC547808D2
	City Howell	State MI	Zip Code 48843
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.00	

SUBTOTAL of Receipts This Page (optional)	365.00
TOTAL This Period (last page this line 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 154 / 300
(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

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

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

A.

Full Name (Last, First, Middle Initial)
Leo A Nouhan

Mailing Address 1326 Yorkshire

City State Zip Code
Grosse Pointe Park MI 48230

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Attorney Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 421.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: ACA862C47DAAB41CA961
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Cheryl L Nowak

Mailing Address 13252 Exeter

City State Zip Code
Carleton MI 48117

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Systems Analyst Adv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AA299CC3017924599AB8
Amount of Each Receipt this Period: 18.00
Payroll Deduction: \$9.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Harry I Nowell III

Mailing Address 598 Longfellow Dr

City State Zip Code
Troy MI 48085

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.50

Date of Receipt: 09 / 23 / 2010
Transaction ID: A036F0C32B89749429FF
Amount of Each Receipt this Period: 90.00
Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 311.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Gerald W Noxon	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 22745 Huron River Dr	Transaction ID: AB5DB29F02C4E46E9822
	City State Zip Code New Bostn MI 48164	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Director II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 433.00	

B.	Full Name (Last, First, Middle Initial) Nutan R Oak	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 6537 Red Oak Lane	Transaction ID: AEF6CF745B8354651B01
	City State Zip Code Troy MI 48098	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$5.00- Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.00	

C.	Full Name (Last, First, Middle Initial) Laura J OConnor	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 38966 Mt Kisco	Transaction ID: AB583604E40334653BD7
	City State Zip Code Sterling Heights MI 48310	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 284.00	

SUBTOTAL of Receipts This Page (optional)	328.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Timothy Oehlberg		Date of Receipt
	Mailing Address 479 Clair Hill Dr		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Rochester Hills	MI	48309
	FEC ID number of contributing federal political committee. C		Transaction ID: A9DEB2B9CA5E244F69BD
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="203.00"/>
		<input type="text" value="458.00"/>	Payroll Deduction: \$29.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) Lisa J O'Higgins		Date of Receipt
	Mailing Address 8062 Racine Rd		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Warren	MI	48093
	FEC ID number of contributing federal political committee. C		Transaction ID: A17491E84FA8040D5AB4
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager Admin	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="72.00"/>
		<input type="text" value="270.00"/>	Payroll Deduction: \$18.00- /Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Marybeth Okray		Date of Receipt
	Mailing Address 23327 N Colonial Ct		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	St Clr Sh	MI	48080
	FEC ID number of contributing federal political committee. C		Transaction ID: AD74A31F114D647F282E
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Analyst - Senior	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="63.00"/>
		<input type="text" value="283.00"/>	Payroll Deduction: \$9.00/- Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="338.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Linda Oliver	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 28067 New Bedford Dr	Transaction ID: AC6E8CF3A3AA743F68FA
	City State Zip Code Farmington Hills MI 48334	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 468.00	

B.	Full Name (Last, First, Middle Initial) Julia O'Neill	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 36091 Congress Rd	Transaction ID: A4C481256D3C140EFBED
	City State Zip Code Farmington Hills MI 48335	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Ecv Business Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 213.00	

C.	Full Name (Last, First, Middle Initial) Sharon R Oneill	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 7228 Gully	Transaction ID: A10BC8F2D2CDA4D1BBF6
	City State Zip Code Dearbn Hts MI 48127	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00	

SUBTOTAL of Receipts This Page (optional)	▶	330.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark S O'Neill	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 13998 Merrie Meadow Ln	Transaction ID: AED968C7853674FA88B8
	City State Zip Code South Lyon MI 48178	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director - Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	
B.	Full Name (Last, First, Middle Initial) Anna Oskui	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 401 McKinley	Transaction ID: A54FE7E753A984AC0890
	City State Zip Code Grosse Pointe Farm MI 48236	Amount of Each Receipt this Period 26.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Team Leader li	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	
C.	Full Name (Last, First, Middle Initial) Peter N Otto	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1673 Columbia Rd.	Transaction ID: AE9A2FCACC22B4DBB8AA
	City State Zip Code Berkley MI 48072	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$6.00/- Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Application Developer Adv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00	

SUBTOTAL of Receipts This Page (optional)	253.00
TOTAL This Period (last page this line 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 159 / 300
(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.

Full Name (Last, First, Middle Initial)
Arva M Overton

Mailing Address 37404 Legends Trail Dr

City Farmington Hills State MI Zip Code 48331

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager-key Account

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AF7632559931A4BA9BC5
 Amount of Each Receipt this Period: 126.00
 Payroll Deduction: \$18.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Rick M Owczarzak

Mailing Address 4411 Hickorywood Dr

City Okemos State MI Zip Code 48864

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Analyst - Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A2BEC4105954744D385F
 Amount of Each Receipt this Period: 18.00
 Payroll Deduction: \$6.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Mark Owen

Mailing Address 188 N Glenhurst Dr

City Bloomfield Hills State MI Zip Code 48301

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: VP Federal & Individual Bus

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 662.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AFA535ECFF8F04AE7A28
 Amount of Each Receipt this Period: 315.00
 Payroll Deduction: \$45.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 459.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michelle S Pace		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 9608 Hubert		Transaction ID: A8D8D6EA1E6F44BCC9E5		
	City Allen Park	State MI	Zip Code 48101-1302	Amount of Each Receipt this Period 26.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$13.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Dir Rating/underwriting	Aggregate Year-to-Date 223.00		

B.	Full Name (Last, First, Middle Initial) Patricia A Palczewski		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 28476 Selkirk St		Transaction ID: AFE23A2800FE64A6198B		
	City Southfield	State MI	Zip Code 48076	Amount of Each Receipt this Period 26.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$13.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager Medical Management	Aggregate Year-to-Date 222.00		

C.	Full Name (Last, First, Middle Initial) Gwendolyn H Parker		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 48165 Liberty Dr		Transaction ID: A21DCE10CCF344C99883		
	City Shelby Twp	State MI	Zip Code 48315	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$15.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Associate Medical Director	Aggregate Year-to-Date 247.00		

SUBTOTAL of Receipts This Page (optional)	112.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Carl E Pate Jr	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2036 Church Place	Transaction ID: AD4CC9EE0011D411EBC8
	City State Zip Code Trenton MI 48183	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Attorney Associate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 466.00	

B.	Full Name (Last, First, Middle Initial) Sunil N Patel	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4653 Franklin Pk Dr	Transaction ID: AC57E5F34159E49CAA8C
	City State Zip Code String Hts MI 48310	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

C.	Full Name (Last, First, Middle Initial) Concettina Patsalis	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 15974 Jupiter Hills Dr	Transaction ID: ABA9588AA9B7A4747A52
	City State Zip Code Northville MI 48168	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 266.50	

SUBTOTAL of Receipts This Page (optional)	▶	263.00
TOTAL This Period (last page this line 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 162 / 300
(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.

Full Name (Last, First, Middle Initial)
Sheri B Patton

Mailing Address 5583 Firwood

City State Zip Code
Troy MI 48098

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A892529AD5494429BB67

Amount of Each Receipt this Period
70.00

Payroll Deduction: \$10.00/-
Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Carole S Penzin

Mailing Address 14523 Sundew Lane

City State Zip Code
Strlg Hts MI 48312

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Team Lead Sr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A0D1D86BD0EE64DCC8BE

Amount of Each Receipt this Period
18.00

Payroll Deduction: \$9.00/-
Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Vincent Pepper

Mailing Address 2985 Saddlewood Rd

City State Zip Code
W Bloomfield MI 48324

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 ▼
206.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: ADCA1F151B5344A03B9C

Amount of Each Receipt this Period
10.00

Payroll Deduction: \$5.00/-
Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **98.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Glen A Perry		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 2148 Michele Dr		Transaction ID: AD7D7125CE40B4D658E0
City Troy	State MI	
Zip Code 48085		Amount of Each Receipt this Period 203.00
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 469.00	

B.

Full Name (Last, First, Middle Initial) Robert D Perry		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 10025 Dorian Dr		Transaction ID: AE0933C521DE94561B03
City Plymouth	State MI	
Zip Code 48170		Amount of Each Receipt this Period 203.00
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

C.

Full Name (Last, First, Middle Initial) Marcia N Persin		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 5274 Pond Bluff Drive		Transaction ID: A65483E552E6E4290B8A
City W Blmfld	State MI	
Zip Code 48323		Amount of Each Receipt this Period 203.00
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.00	

SUBTOTAL of Receipts This Page (optional)	609.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 164 / 300
(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
							17

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

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

A.

Full Name (Last, First, Middle Initial) Tiffany N Person		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 6786 Lakeview Blvd Apt 18103		Transaction ID: A5A7BC2DD398941E9B15
City Westland	State MI	Zip Code 48185
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.00
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Analyst	Payroll Deduction: \$9.00/- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.00	

B.

Full Name (Last, First, Middle Initial) John J Peters		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 24681 Sarah Flynn Dr.		Transaction ID: AE2A6BE076EBC4F6083F
City Novi	State MI	Zip Code 48374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager-sales	Payroll Deduction: \$13.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

C.

Full Name (Last, First, Middle Initial) Curtis D Peterson		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 24338 Country Squire St Apt 313		Transaction ID: AFA05B25B5D8E460A870
City Clinton Township	State MI	Zip Code 48035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Analyst	Payroll Deduction: \$6.00/- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Anthony Phillips	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 8697 North Hills Ct.	Transaction ID: AB99001BFF2104FCAAB9
	City State Zip Code Howell MI 48843-6126	Amount of Each Receipt this Period 315.00
	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, Chief RO & Chief Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 705.00	

B.	Full Name (Last, First, Middle Initial) Robert A Phillips	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 21985 Ember Ct	Transaction ID: A2D3489F8F7554654942
	City State Zip Code Grosse Ile MI 48138	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Attorney Senior	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

C.	Full Name (Last, First, Middle Initial) Richard J Phillips	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 40101 W Huron River	Transaction ID: AF70FBEC89B064808ADC
	City State Zip Code Romulus MI 48174	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.00	

SUBTOTAL of Receipts This Page (optional)	590.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Theodore F Pierzchala		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 6046 Meadowgreene		Transaction ID: A84A60AD0858A458A8DA		
	City Waterford Twp	State MI	Zip Code 48327	Amount of Each Receipt this Period 108.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00/- Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Team Leader li	Aggregate Year-to-Date 299.00		

B.	Full Name (Last, First, Middle Initial) Lawrence S Plotnisky		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 27931 Ursuline		Transaction ID: ADB5DB0C0D58A4AEAB02		
	City St Clr Sh	State MI	Zip Code 48081	Amount of Each Receipt this Period 63.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$9.00/- Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Sr Account Rep	Aggregate Year-to-Date 326.00		

C.	Full Name (Last, First, Middle Initial) Marchelle R Plummer		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 2104 Bryanston Cresent		Transaction ID: A4E7CA237A5404BC6880		
	City Detroit	State MI	Zip Code 48207	Amount of Each Receipt this Period 36.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$9.00/- Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Systems Analyst Adv	Aggregate Year-to-Date 234.00		

SUBTOTAL of Receipts This Page (optional)	207.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Narendra Polakampalli	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 47370 Scarlet Dr N	Transaction ID: A9E3F0A6A098C46249A1
	City State Zip Code Novi MI 48374	Amount of Each Receipt this Period 52.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Project Manager Senior	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Gino H Polidori Jr	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2170 Antique Ct	Transaction ID: A96FBC4BD830D4EC294F
	City State Zip Code Canton MI 48187	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00	

C.	Full Name (Last, First, Middle Initial) Alison D Pollard	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 170 Orchard St	Transaction ID: AD77BC98E8CF044CE999
	City State Zip Code Chelsea MI 48118	Amount of Each Receipt this Period 315.00
	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 Provider Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 659.00	

SUBTOTAL of Receipts This Page (optional)	493.00
TOTAL This Period (last page this line 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 168 / 300
(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.

Full Name (Last, First, Middle Initial)
Michele Pomante

Mailing Address 24817 St Paul

City State Zip Code
Harrsn Twp MI 48045

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Strategy Perf Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: AF53E09B370AF41819BC

Amount of Each Receipt this Period
54.00

Payroll Deduction: \$9.00/-
Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Tonja M Poole

Mailing Address 636 Watersedge Dr.

City State Zip Code
Ann Arbor MI 48105

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Compensation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
372.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: A864B65D862324CAC918

Amount of Each Receipt this Period
126.00

Payroll Deduction: \$18.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Kathleen A Popiela

Mailing Address 36365 Parklane Circle

City State Zip Code
Farmingtn MI 48335

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 ▼
461.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: AE9ED19B7754B47A992A

Amount of Each Receipt this Period
203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **383.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Erik T Poppe	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1002 Whitegate Dr	Transaction ID: AB94E042E433E4F16A16
	City State Zip Code Northville MI 48167	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer LifeSecure Occupation Tbd-manager & Above Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 355.00	

B.	Full Name (Last, First, Middle Initial) Sandra-Lee G Powers	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 28890 Lorikay	Transaction ID: AA0BA9755815A4FB7BE2
	City State Zip Code Farmington Hills MI 48334	Amount of Each Receipt this Period 63.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00- Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Team Lead Sr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 207.00	

C.	Full Name (Last, First, Middle Initial) James Pranschke	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 36025 Grennada	Transaction ID: AA2665C2056D54328830
	City State Zip Code Livonia MI 48154	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 438.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kurt J Prettenhofer		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1701 Dover St		Transaction ID: AD3E6DAE5514D4565B7B
	City Ferndale	State MI	Zip Code 48220
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Health Care Manager	Payroll Deduction: \$13.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.00	

B.	Full Name (Last, First, Middle Initial) Duane A Pretzer Jr		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 30329 Iroquois		Transaction ID: A502CED73FFBE4530B97
	City Warren	State MI	Zip Code 48088
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager Enterprise Security	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) Heather Price		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 43524 Scenic Ln		Transaction ID: A563369224A634D85A7E
	City Northville	State MI	Zip Code 48167
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director - Finance	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 468.00	

SUBTOTAL of Receipts This Page (optional)	384.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Patrick Prichard		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 4315 Shady Hill Lane		Transaction ID: A43C35A3A301A4458B3A		
	City Lansing	State MI	Zip Code 48917	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Aggregate Year-to-Date 434.00		

B.	Full Name (Last, First, Middle Initial) Susan Prorak		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 1493 W Pratt Road		Transaction ID: A33AE4808CF24473E876		
	City Dewitt	State MI	Zip Code 48820-9747	Amount of Each Receipt this Period 65.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$13.00- /Bi-Weekly		
	Name of Employer Accident Fund Insurance Company of Ame	Occupation Manager, Learn & Talent Mgmt	Aggregate Year-to-Date 259.00		

C.	Full Name (Last, First, Middle Initial) Carol L Purdy		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 36989 Fox Glen		Transaction ID: AF429D78336BC410C87A		
	City Farmington Hills	State MI	Zip Code 48331	Amount of Each Receipt this Period 72.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Strategy Perf Manager	Aggregate Year-to-Date 261.00		

SUBTOTAL of Receipts This Page (optional)	340.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Adam R Quesnel		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address PO Box 293		Transaction ID: AA32C68C700E84182A48
	City Shepherd	State MI	Zip Code 48883
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 108.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Enterprise Security Aggregate Year-to-Date ▼ 295.00	Payroll Deduction: \$18.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) Sophia C Quinn		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 241 Tuscany Dr		Transaction ID: A63EFED68C259499C9DF
	City Portage	State MI	Zip Code 49024
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager-sales Aggregate Year-to-Date ▼ 367.00	Payroll Deduction: \$18.00- /Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Renee M Rabideau		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1699 S Shore Dr		Transaction ID: A536E6F79A2534E128A8
	City Rochester Hills	State MI	Zip Code 48307
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 418.00	Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	▶	437.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Karen R Racinski

Mailing Address 21860 Parkwood Ln

City Northville State MI Zip Code 48167

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A28216D8EB475438299A
 Amount of Each Receipt this Period 90.00
 Payroll Deduction: \$18.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Scot W Radcliffe

Mailing Address 18763 Hilltop Dr

City Riverview State MI Zip Code 48192

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Inst Devel - Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 23 / 2010
Transaction ID: AB4432CC98C924904BC4
 Amount of Each Receipt this Period 63.00
 Payroll Deduction: \$9.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Ara L Rafaelian

Mailing Address 245 Crest

City Ann Arbor State MI Zip Code 48103

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Health Care Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 259.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A14C4B4397702438DA2A
 Amount of Each Receipt this Period 72.00
 Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **225.00**

TOTAL This Period (last page this line 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 174 / 300
(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. Full Name (Last, First, Middle Initial)
Timothy J Rafferty

Mailing Address 14128 Thames

City State Zip Code
Shelby Twp MI 48315

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AAE49F10252334141A8E
Amount of Each Receipt this Period: 126.00
Payroll Deduction: \$18.00- /Bi-Weekly

B. Full Name (Last, First, Middle Initial)
Rabia A Raftari

Mailing Address 3617 Valleyview Ln

City State Zip Code
West Bloomfield MI 48323

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Finance Business Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: ACD3C749F53BF4AB49E2
Amount of Each Receipt this Period: 12.00
Payroll Deduction: \$6.00- /Bi-Weekly

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

Mailing Address 319 Kenway Dr.

City State Zip Code
Lansing MI 48917-3038

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Manager, Operations Training

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A25AAB96736174C91A4C
Amount of Each Receipt this Period: 26.00
Payroll Deduction: \$13.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 164.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Rita Ramsey	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 210 Mark Street	Transaction ID: A84873DA29D0B4D60A63
	City State Zip Code Mason MI 48854-1828	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00/- Bi-Weekly
	Name of Employer Accident Fund Insurance Company of Ame Occupation Manager, Service Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 304.00	

B.	Full Name (Last, First, Middle Initial) David Randazzo Jr	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 15511 French Creek Dr	Transaction ID: A51F159CCF4E54BDAADB
	City State Zip Code Fraser MI 48026	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$6.00/- Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Analyst - Actuarial Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 222.00	

C.	Full Name (Last, First, Middle Initial) Angenette Reedy	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1669 Barnsley Ct	Transaction ID: A072029CA5AB54095A76
	City State Zip Code Lowell MI 49331	Amount of Each Receipt this Period 63.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Team Leader Ii Sales 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)	▶	165.00
TOTAL This Period (last page this line 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 176 / 300
(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.

Full Name (Last, First, Middle Initial)
Jeffrey J Reeve

Mailing Address 567 St Louis St

City State Zip Code
Ferndale MI 48220

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Marketing Research Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 293.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AF5FB4AA56BC541FB8A7
Amount of Each Receipt this Period: 108.00
Payroll Deduction: \$18.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Michael Reibsome

Mailing Address 3550 Laureate Dr

City State Zip Code
Holt MI 48842-9424

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Creative Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 319.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A3EFD7B21E6904800985
Amount of Each Receipt this Period: 90.00
Payroll Deduction: \$15.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Michael Reid

Mailing Address 2333 El Dorado Dr. SE

City State Zip Code
Grand Rapids MI 49506-3537

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Senior Corp Claims Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A03F2E146EBB0447AAB8
Amount of Each Receipt this Period: 108.00
Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **306.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Pamela S Reinert		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 661 Plantation Drive		Transaction ID: A2641325FC2C24C7F82A		
	City Saginaw	State MI	Zip Code 48603	Amount of Each Receipt this Period 39.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$13.00- /Bi-Weekly		
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Sr Advisor Quality Improvement			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00			

B.	Full Name (Last, First, Middle Initial) Taryn Reinhart		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 5723 Martell Dr		Transaction ID: AE8BD94CEDAF0426CB05		
	City Troy	State MI	Zip Code 48085	Amount of Each Receipt this Period 108.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager Medical Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 306.00			

C.	Full Name (Last, First, Middle Initial) Michael Reinholm		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 1249 Larkmoor Blvd		Transaction ID: AB7B39B6A10644428A2B		
	City Berkley	State MI	Zip Code 48072-1990	Amount of Each Receipt this Period 108.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
Name of Employer Accident Fund Insurance Company of Ame		Occupation Assistant General Counsel II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 304.00			

SUBTOTAL of Receipts This Page (optional)	255.00
TOTAL This Period (last page this line 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 178 / 300
(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. Full Name (Last, First, Middle Initial)
Susan H Remisiewicz

Mailing Address 18432 Stamford St

City Livonia State MI Zip Code 48152

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A24498F9CBC104668ACA
Amount of Each Receipt this Period: 108.00
Payroll Deduction: \$18.00- /Bi-Weekly

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

Mailing Address 12416 Golden Oaks Dr

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, Strtg Pln & Corp Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 741.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A95BD939B4C8D4423A60
Amount of Each Receipt this Period: 350.00
Payroll Deduction: \$50.00- /Bi-Weekly

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

Mailing Address 11026 Sandy Creek Dr

City South Lyon State MI Zip Code 48178

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Director - Pymt Integ & Recov

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 404.25

Date of Receipt: 09 / 23 / 2010
Transaction ID: A2DC899FF8B5244459E1
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **661.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Shlynn T Rhodes

Mailing Address 854 Delray Se

City State Zip Code
Gd Rapids MI 49546

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 223.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A57F2389F3F104848A64
Amount of Each Receipt this Period: 26.00
Payroll Deduction: \$13.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Martha Richard

Mailing Address 2237 N Parker Rd

City State Zip Code
Dexter MI 48130

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Dir Special Clinical Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AF8849449FAC04539832
Amount of Each Receipt this Period: 26.00
Payroll Deduction: \$13.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Amy Richardson

Mailing Address 20981 Laser Ln

City State Zip Code
South Lyon MI 48178

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager Customer Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A0E213E22517B4BAF967
Amount of Each Receipt this Period: 90.00
Payroll Deduction: \$15.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 142.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Stacy Rich	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2460 Graystone Drive	Transaction ID: ADB62BEF24C494410A0F
	City State Zip Code Okemos MI 48864-3275	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
	Name of Employer Accident Fund Insurance Company of Ame Occupation Senior Accountant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.00	

B.	Full Name (Last, First, Middle Initial) Stacey Riffle	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 11712 Farmington Road	Transaction ID: A34057250AF2547DD8EE
	City State Zip Code Livonia MI 48150	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager-key Account Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 238.00	

C.	Full Name (Last, First, Middle Initial) Patricia M Roach	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 286 Longford	Transaction ID: A216F0D2AF8354B4597B
	City State Zip Code Rchstr Hls MI 48309	Amount of Each Receipt this Period 63.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Team Lead Sr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00	

SUBTOTAL of Receipts This Page (optional)	156.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James Robb	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 3413 Wolverine Dr	Transaction ID: A49CC0DFBE8F04F33A79
	City State Zip Code Troy MI 48083	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Special Asst To CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

B.	Full Name (Last, First, Middle Initial) Annette M Robertson	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 31264 Lund Ave	Transaction ID: A6546DAEC488D441CA00
	City State Zip Code Warren MI 48093	Amount of Each Receipt this Period 108.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.00	

C.	Full Name (Last, First, Middle Initial) Gail Robins	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1851 Persimmon Path	Transaction ID: ABC60A48060CD4677997
	City State Zip Code Holt MI 48842-1548	Amount of Each Receipt this Period 78.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer: Accident Fund Insurance Company of Ame Occupation: Manager, Claims Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 282.00	

SUBTOTAL of Receipts This Page (optional)	258.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Tanya Roche		Date of Receipt
	Mailing Address 1100 Onondaga Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Holt	MI	48842-9665
	FEC ID number of contributing federal political committee. C		Transaction ID: AC01BB917258645B78CA
Name of Employer Accident Fund Insurance Company of Ame		Occupation Manager, Service Center	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 90.00
			Payroll Deduction: \$18.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) Dennis R Roegner		Date of Receipt
	Mailing Address 41752 Broquet Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Northville	MI	48167
	FEC ID number of contributing federal political committee. C		Transaction ID: A897F0BB9E83B47E6965
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 91.00
			Payroll Deduction: \$13.00- /Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Brian W Rohrkemper		Date of Receipt
	Mailing Address 30240 Madison Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Warren	MI	48093
	FEC ID number of contributing federal political committee. C		Transaction ID: A5F3CC4EAC9464977BFE
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Procurement Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 63.00
			Payroll Deduction: \$9.00/- Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 244.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 183 / 300

(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.

Full Name (Last, First, Middle Initial)
Robyn A Rontal

Mailing Address 2397 Rockport Ct

City State Zip Code
Ann Arbor MI 48103

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 445.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A3D49B46E6C0B4DC7AC7

Amount of Each Receipt this Period

203.00

Payroll Deduction: \$29.00/-
Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Kelli R Rosenbaum

Mailing Address 3840 Lone Pine Dr.
Apt. 2

City State Zip Code
Holt MI 48842

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Analyst - Senior

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 281.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: ADF5094D3FAD9419FB4E

Amount of Each Receipt this Period

63.00

Payroll Deduction: \$9.00/-
Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Victoria Y Rose

Mailing Address 41548 Woodland Creek

City State Zip Code
Novi MI 48375

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Analyst - Senior

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 236.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A772069BBB2624999B13

Amount of Each Receipt this Period

36.00

Payroll Deduction: \$9.00/-
Bi-Weekly

SUBTOTAL of Receipts This Page (optional)

302.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Marilyn K Rosol	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 501 East University #104	Transaction ID: A9FE830BD2D4D4FBBB19
	City Rochester State MI Zip Code 48307	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$6.00/- Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Sr. Auditor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 253.00	

B.	Full Name (Last, First, Middle Initial) Michael A Ross	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 43913 Palisades	Transaction ID: AE9AD4D74A4944D5E816
	City Canton State MI Zip Code 48187	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 334.00	

C.	Full Name (Last, First, Middle Initial) Gail Ross	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 322 E Harrison Ave Unit 26	Transaction ID: A909AD0F9357A4C2AA92
	City Royal Oak State MI Zip Code 48067-3284	Amount of Each Receipt this Period 315.00
	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 Customer Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 740.00	

SUBTOTAL of Receipts This Page (optional)	483.00
TOTAL This Period (last page this line 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 185 / 300

(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.

Full Name (Last, First, Middle Initial)
Lynda Rossi

Mailing Address 1066 Foxborough Dr

City State Zip Code
Williamston MI 48895

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan VP Soc Mis Pub Affrs&ofc Of Pr

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 628.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: AC23CC7719BB54873A23

Amount of Each Receipt this Period

315.00

Payroll Deduction: \$45.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Rodney Ross

Mailing Address 1345 W Long Lake Rd

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 218.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A2B7CBC92CB914425829

Amount of Each Receipt this Period

26.00

Payroll Deduction: \$13.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Debra S Ross

Mailing Address 24412 Curie St

City State Zip Code
Warren MI 48091

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

Name of Employer Occupation
Blue Cross Blue Shield of Michigan Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 295.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: A3D97E046E5C245269A4

Amount of Each Receipt this Period

108.00

Payroll Deduction: \$18.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)

449.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Randolphe J Roulier	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 11032 Melrose	Transaction ID: A410690728304401AB8F
	City Livonia State MI Zip Code 48150	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 284.00	

B.	Full Name (Last, First, Middle Initial) Thomas J Ruane	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 26509 Old Homestead Ct	Transaction ID: A26CDC9FAA4A0459AAF2
	City Farmington Hills State MI Zip Code 48331-3851	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 446.00	

C.	Full Name (Last, First, Middle Initial) Susan J Rubin	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 41460 Belden Circle	Transaction ID: AF27E872267354C4FBE8
	City Novi State MI Zip Code 48377	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 329.00	

SUBTOTAL of Receipts This Page (optional)	419.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Beth L Rubin		Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 4408 Westover Drive		Transaction ID: A4670A175399640D4940
	City W Bloomfield	State MI	Zip Code 48323
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 174.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Physician Consultant	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 398.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey S Rubleski		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4045 Forest Point Dr		Transaction ID: ADB1572FF747B403B94E
	City Muskegon	State MI	Zip Code 49441
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director - Regional Sales	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 579.00	

C.	Full Name (Last, First, Middle Initial) Jeffrey P Rumley		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 951 Hampton Rd		Transaction ID: AA97F97D3708543B69C6
	City Grosse Pointe Wood	State MI	Zip Code 48236
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP and General Counsel	Payroll Deduction: \$45.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 706.00	

SUBTOTAL of Receipts This Page (optional)	▶	692.00
TOTAL This Period (last page this line 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 188 / 300
(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.

Full Name (Last, First, Middle Initial)
Joanne F Rusch

Mailing Address 4171 Fallow

City State Zip Code
W Blmfld MI 48323

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Principal Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A2C33E7D9AD8D48EFB31
 Amount of Each Receipt this Period: 203.00
 Payroll Deduction: \$29.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Terrence Rush

Mailing Address 47185 Marisa Ct

City State Zip Code
Plymouth MI 48170-3491

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager-regional Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 331.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AB0FD1110C35E4B269A8
 Amount of Each Receipt this Period: 126.00
 Payroll Deduction: \$18.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Anthony Joseph Russo

Mailing Address 23003 Brookdale

City State Zip Code
St Clr Sh MI 48082

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 447.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AF0E381CC09774090BCB
 Amount of Each Receipt this Period: 126.00
 Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **455.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Annette M Sabatella	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 411 Saddle Lane	Transaction ID: AE853602D37974F94947
	City State Zip Code Grs Pt Wds MI 48236	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 583.00	

B.	Full Name (Last, First, Middle Initial) Constance M Samuel	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 10173 W Outer Drive	Transaction ID: ABEAFB151550B4226A70
	City State Zip Code Detroit MI 48223	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) Michele A Samuels	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 29203 Bradmoor Ct	Transaction ID: A9A808BB7CD454AFCBE9
	City State Zip Code Farmington Hills MI 48334	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$60.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: VP Gnrl Aud & Corp Compli Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 811.00	

SUBTOTAL of Receipts This Page (optional)	713.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Shibu T Samuel	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4038 Mayfair St	Transaction ID: A33BC3E41C6E74CB79AB
	City State Zip Code Dearborn Heights MI 48125	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Consultant Product Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.00	

B.	Full Name (Last, First, Middle Initial) Stacey J Sartin	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 24771 River Heights St	Transaction ID: AC0F1428A8F604F30B8B
	City State Zip Code Southfield MI 48033	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Adrienne Savage	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 25019 Woodridge Triangle	Transaction ID: A5871BD0ADBEE46DD986
	City State Zip Code Farmington Hills MI 48335	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 268.50	

SUBTOTAL of Receipts This Page (optional)	▶	235.00
TOTAL This Period (last page this line 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 191 / 300
(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.

Full Name (Last, First, Middle Initial)
Juanita E Savage

Mailing Address 25646 Castlereigh Dr

City Farmington Hls State MI Zip Code 48336

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 ▼ 400.20

Date of Receipt 09 / 23 / 2010

Transaction ID: A7EB3FC2777594C1C8E2

Amount of Each Receipt this Period 203.00

Payroll Deduction: \$29.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Michael G Schneider

Mailing Address 27465 Shagbark Dr

City Southfield State MI Zip Code 48076

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 277.10

Date of Receipt 09 / 23 / 2010

Transaction ID: AB21B194D009540E2B9B

Amount of Each Receipt this Period 90.00

Payroll Deduction: \$18.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Curtis J Schoenjahn

Mailing Address 3660 Seney Dr

City Lake Orion State MI Zip Code 48360

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 ▼ 416.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A401E2D637F9445D0B53

Amount of Each Receipt this Period 203.00

Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 496.00

TOTAL This Period (last page this line 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 192 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ronald Schoen		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 121 Swallowtail Lane		Transaction ID: AD5F922FF40E144CDB39
	City Okemos	State MI	Zip Code 48864-3186
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Accident Fund Insurance Company of Ame	Occupation Evp, & Chief Financial Officer	Payroll Deduction: \$50.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 716.00	

B.	Full Name (Last, First, Middle Initial) Kathleen M Schummer		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1540 Oxford		Transaction ID: A30F05BD1A3AC438CA36
	City Grs Pt Wds	State MI	Zip Code 48236
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Dir - Perform Transform	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 451.00	

C.	Full Name (Last, First, Middle Initial) Kimberley C Scicluna		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 23124 Liberty		Transaction ID: ADC7AFD5794F54A25880
	City St Clr Sh	State MI	Zip Code 48080
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Proj Mgr Ppi	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 264.00	

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line 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 193 / 300
(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.

Full Name (Last, First, Middle Initial)
Clyde Scott

Mailing Address 20636 Maple Lane

City State Zip Code
Grosse Pointe Wood MI 48236-1524

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

Name of Employer
Accident Fund Insurance Company of Ame

Occupation
Assistant General Counsel li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
501.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: ACABDDC17C85F46B3BD6

Amount of Each Receipt this Period
186.00

Payroll Deduction: \$31.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Jayne E Scott

Mailing Address 2939 Muirwood Ct

City State Zip Code
Waterford MI 48329

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Manager Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A9082D50F05984F05944

Amount of Each Receipt this Period
72.00

Payroll Deduction: \$18.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Deanne E Seifert

Mailing Address 5517 Kingfield Dr

City State Zip Code
West Bloomfield MI 48322

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Manager Sales Infrm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
306.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: AC19EECCA15C64A4192E

Amount of Each Receipt this Period
108.00

Payroll Deduction: \$18.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **366.00**

TOTAL This Period (last page this line 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 194 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael Sekoni	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 16590 Broadview Dr.	Transaction ID: AFA548F1E276A47C88EE
	City State Zip Code East Lansing MI 48823-9628	Amount of Each Receipt this Period 315.00
	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, & General Auditor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 643.00	

B.	Full Name (Last, First, Middle Initial) Leslie A Selden	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 23201 Canfield Ave	Transaction ID: A7B915E865436446AA75
	City State Zip Code Farmington Hills MI 48336	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00- /Bi-Weekly
Name of Employer Blue Cross Blue Shield of Michigan	Occupation Application Developer Sr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.25	

C.	Full Name (Last, First, Middle Initial) Michael Seling	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 8610 Carlsbad Lane	Transaction ID: A4F5DF5CD09094FBFA42
	City State Zip Code Lansing MI 48917-5807	Amount of Each Receipt this Period 52.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
Name of Employer Accident Fund Insurance Company of Ame	Occupation Regional Mgr, Bus Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00	

SUBTOTAL of Receipts This Page (optional)	421.00
TOTAL This Period (last page this line 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 195 / 300
(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

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

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

A.

Full Name (Last, First, Middle Initial)
Pamela Semaan

Mailing Address 9073 Folkert Rd

City State Zip Code
Clay MI 48001

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager - Payroll

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AB443CB13A6B6458FB0B

Amount of Each Receipt this Period: 108.00

Payroll Deduction: \$18.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Kenneth J Setera

Mailing Address 46273 Glen Pointe Dr

City State Zip Code
Shelby Township MI 48315

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 ▼ 436.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A2B6B89C0F92C4D499A4

Amount of Each Receipt this Period: 203.00

Payroll Deduction: \$29.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Becky L Sexton

Mailing Address 29929 Meridian Pl Apt 18202

City State Zip Code
Farmington Hills MI 48331

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A4A6568543F6345B194C

Amount of Each Receipt this Period: 72.00

Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **383.00**

TOTAL This Period (last page this line 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 196 / 300
(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.

Full Name (Last, First, Middle Initial)
Karriem Shakoor

Mailing Address 4822 Trailview

City State Zip Code
West Bloomfield MI 48322

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Sr Dir It Systems Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A74A89F77CDA74E31989
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00/-Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Lori A Shannon

Mailing Address 2849 Courville Drive

City State Zip Code
Bloomfield Hills MI 48302

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager-sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 509.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A34E3CA9990594958B9E
Amount of Each Receipt this Period: 126.00
Payroll Deduction: \$18.00/-Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Patricia A Sherman

Mailing Address 30550 Helmandale Drive

City State Zip Code
Franklin MI 48025

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Procurement Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A11EFEA3209A543BEA0C
Amount of Each Receipt this Period: 54.00
Payroll Deduction: \$9.00/-Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **383.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Carl E Siebers		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 232 Quail Ridge		Transaction ID: AE59AC178B70A41C38BF
	City Ada	State MI	Zip Code 49301
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP Claims Operations	Payroll Deduction: \$45.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 688.00	

B.	Full Name (Last, First, Middle Initial) Jodi F Siegel		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 9986 Sedlock		Transaction ID: A9626F66207E54E1B8E7
	City White Lk	State MI	Zip Code 48386
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Payroll Deduction: \$6.00- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00	

C.	Full Name (Last, First, Middle Initial) Thomas L Simmer		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4975 S Ridgeside Circle		Transaction ID: A61EB02BAF918442E849
	City Ann Arbor	State MI	Zip Code 48105
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 420.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation SVP & CMO Health Care Value	Payroll Deduction: \$60.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 904.00	

SUBTOTAL of Receipts This Page (optional)	765.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James Simmon		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 1269 Roslyn Rd		Transaction ID: A8E9D4FC4938744EE995		
	City Grs Pte Woods	State MI	Zip Code 48236	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$18.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date 348.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Terri D Simmons		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 16231 Harden Circle		Transaction ID: A63385D3A27E9403C9C1		
	City Southfield	State MI	Zip Code 48075	Amount of Each Receipt this Period 26.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$13.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date 218.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Catherine M Sinning		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 25232 Surrey Lane		Transaction ID: A1183C5E43A444B4CB0C		
	City Frmqtn Hls	State MI	Zip Code 48335	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director - Exec Compensation	Aggregate Year-to-Date 423.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	355.00
TOTAL This Period (last page this line 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 199 / 300
(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. Full Name (Last, First, Middle Initial)
Patricia C Slack

Mailing Address 23319 Brest Rd

City State Zip Code
Taylor MI 48180

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager-account

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 331.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A3B14D9FB390D48AE9AF
 Amount of Each Receipt this Period: 63.00
 Payroll Deduction: \$9.00/- Bi-Weekly

B. Full Name (Last, First, Middle Initial)
Patricia A Slisinger

Mailing Address 34518 Morningdale Dr

City State Zip Code
Strlg Hts MI 48312

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 271.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A7E6FD694E7484DD2A17
 Amount of Each Receipt this Period: 72.00
 Payroll Deduction: \$18.00/- Bi-Weekly

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

Mailing Address 34518 Morningdale Dr

City State Zip Code
Strlg Hts MI 48312

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 ▼ 566.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A113342EBAB034157B21
 Amount of Each Receipt this Period: 203.00
 Payroll Deduction: \$29.00/- Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **338.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Craig A Smith

Mailing Address 7141 Placita Ct.

City State Zip Code
Gd Rapids MI 49546

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager-sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 277.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A8F540EC767774C5FA09

Amount of Each Receipt this Period: 90.00

Payroll Deduction: \$18.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Mary A Smith

Mailing Address 10058 King Rd

City State Zip Code
Davisburg MI 48350

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: VP Utilization Mgt & Prog Supt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A07492C23F33D4F31AB1

Amount of Each Receipt this Period: 315.00

Payroll Deduction: \$45.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Yolanda F Smith

Mailing Address 27545 Gateway Dr N Apt 107

City State Zip Code
Farmington Hills MI 48334

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager Customer Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.50

Date of Receipt: 09 / 23 / 2010
Transaction ID: A7CFF0486D4AC4F2F94B

Amount of Each Receipt this Period: 39.00

Payroll Deduction: \$13.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **444.00**

TOTAL This Period (last page this line 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 201 / 300
(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. Full Name (Last, First, Middle Initial)
Sondra J Smith

Mailing Address 2914 Bamlet Rd

City State Zip Code
Royal Oak MI 48073

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 ▼
418.80

Date of Receipt: 09 / 23 / 2010
Transaction ID: A040E79129F9F470C874
 Amount of Each Receipt this Period: 203.00
 Payroll Deduction: \$29.00- /Bi-Weekly

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

Mailing Address 2485 Kimberly Fair

City State Zip Code
Rochester Hills MI 48309

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 ▼
348.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AAF8060EF4B844808B43
 Amount of Each Receipt this Period: 174.00
 Payroll Deduction: \$29.00- /Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Julie C Smith-Spears

Mailing Address 21560 Woodfarm Dr

City State Zip Code
Northville MI 48167

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager-sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A8FC19DB1C4B0408B946
 Amount of Each Receipt this Period: 126.00
 Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **503.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Frank W Smith		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 118 Adams P.O. Box 706		Transaction ID: A539453682E99491E80E
	City Suttons Bay	State MI	Zip Code 49682
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager-sales	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 278.00	

B.	Full Name (Last, First, Middle Initial) Laura Snavelly		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 295 Heritage Dr		Transaction ID: AF23335D671CC475DA1D
	City Milford	State MI	Zip Code 48381
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00
	Name of Employer LifeSecure	Occupation Director	Payroll Deduction: \$9.00- Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00	

C.	Full Name (Last, First, Middle Initial) Charles G Snyder		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 20949 Westfarm Ln		Transaction ID: A9E468C8F482C4577885
	City Northville	State MI	Zip Code 48167
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Payroll Deduction: \$13.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 327.00	

SUBTOTAL of Receipts This Page (optional)	▶	199.00
TOTAL This Period (last page this line 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 203 / 300
(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.

Full Name (Last, First, Middle Initial)
Patricia Snyder

Mailing Address 17175 Tall Pines Ct

City Northville State MI Zip Code 48168

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 ▼ 445.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A3FC8B1D0375B4D37BCA

Amount of Each Receipt this Period 203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Christopher Sobota

Mailing Address 234 Roth

City Clawson State MI Zip Code 48017

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 09 / 23 / 2010

Transaction ID: AE867750D337F49CD924

Amount of Each Receipt this Period 39.00

Payroll Deduction: \$13.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Kim E Sorget

Mailing Address 620 Hollywood Ave

City Grs Pt Wds State MI Zip Code 48236

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation VP Prov Cont & Fac & Anc Pymt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 654.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A8D93C0FB7144428DA6B

Amount of Each Receipt this Period 315.00

Payroll Deduction: \$45.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **557.00**

TOTAL This Period (last page this line 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 204 / 300
(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. Full Name (Last, First, Middle Initial)
Scott Sowulewski

Mailing Address 11949 Schavey Rd.

City State Zip Code
Dewitt MI 48820-8720

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

Name of Employer Occupation
Accident Fund Insurance Director, Human Resources
Company of Ame

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 416.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A36A62CB39F4047178A8

Amount of Each Receipt this Period
174.00

Payroll Deduction: \$29.00-
/Bi-Weekly

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

Mailing Address 32151 W 12 Mile Rd

City State Zip Code
Farmington Hills MI 48334

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

Name of Employer Occupation
Blue Cross Blue Shield of Manager-key Account
Michigan

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 366.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: A5B35B925F56F426DA50

Amount of Each Receipt this Period
126.00

Payroll Deduction: \$18.00-
/Bi-Weekly

C. Full Name (Last, First, Middle Initial)
David J Spath

Mailing Address 36310 Gregory

City State Zip Code
Strlg Hts MI 48312

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

Name of Employer Occupation
Blue Cross Blue Shield of Manager Admin
Michigan

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 268.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: ACF185E312F134AD2BAE

Amount of Each Receipt this Period
78.00

Payroll Deduction: \$13.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 378.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Ms. Martha M Spenny		Date of Receipt
	Mailing Address 23633 Berg Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	Southfield	MI	48034
	FEC ID number of contributing federal political committee. C		Transaction ID: AE03146F3BEED4A2EACC
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00	<input type="text"/> 203.00
		Payroll Deduction: \$29.00- /Bi-Weekly	

B.	Full Name (Last, First, Middle Initial) Karen P Spring		Date of Receipt
	Mailing Address 5267 Kristi Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	Commrce Twp	MI	48382
	FEC ID number of contributing federal political committee. C		Transaction ID: AAB4EE8F6869F4013A28
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Assoc Dir Medicaid Liaison	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	<input type="text"/> 203.00
		Payroll Deduction: \$29.00- /Bi-Weekly	

C.	Full Name (Last, First, Middle Initial) Elizabeth J St Pierre		Date of Receipt
	Mailing Address 13935 Rolling Creek Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	Lowell	MI	49331
	FEC ID number of contributing federal political committee. C		Transaction ID: AC36DE519826D4C51A8A
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Supervisor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 227.00	<input type="text"/> 27.00
		Payroll Deduction: \$9.00/- Bi-Weekly	

SUBTOTAL of Receipts This Page (optional)	433.00
TOTAL This Period (last page this line 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 206 / 300
(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.

Full Name (Last, First, Middle Initial)
Donna D Stache

Mailing Address 3640 Worthington Ct

City State Zip Code
Rochester Hills MI 48309

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A8345AB0594F84404B8D
Amount of Each Receipt this Period: 90.00
Payroll Deduction: \$18.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Valerie A Stanislawski

Mailing Address 11382 Waverly

City State Zip Code
Plymouth MI 48170

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A0408EBCE1C0F420EA7F
Amount of Each Receipt this Period: 52.00
Payroll Deduction: \$13.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Kevin M Stanko

Mailing Address 2233 Camelot Drive

City State Zip Code
Troy MI 48083

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Attorney Senior

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 412.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A2307F394145247898DA
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **345.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Anne Staples		Date of Receipt
	Mailing Address 5923 Eagles Way		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Haslett	MI	48840-9761
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Accident Fund Insurance Company of Ame		Occupation Manager, Service Center	Transaction ID: AA7779655AE00443E8C7
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="244.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="52.00"/>
		Payroll Deduction: \$13.00- /Bi-Weekly	

B.	Full Name (Last, First, Middle Initial) Branden Staton		Date of Receipt
	Mailing Address 11205 S Morrice Road		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Morrice	MI	48857-9786
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Accident Fund Insurance Company of Ame		Occupation Manager, Infrastructure	Transaction ID: A629FB900CA7C4C61B75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="279.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="90.00"/>
		Payroll Deduction: \$18.00- /Bi-Weekly	

C.	Full Name (Last, First, Middle Initial) Gail E Steinhauer		Date of Receipt
	Mailing Address 771 Foxhall Rd		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Blmfld Hls	MI	48304
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Cross Blue Shield of Michigan		Occupation Health Care Manager	Transaction ID: A191850D198274895B28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="262.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="65.00"/>
		Payroll Deduction: \$13.00- /Bi-Weekly	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="207.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 208 / 300
(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. Full Name (Last, First, Middle Initial)
Charmaine M Stevens

Mailing Address 47011 Mornington Rd

City State Zip Code
Canton MI 48188

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A0739ABFF9DF643E4ABA
 Amount of Each Receipt this Period: 72.00
 Payroll Deduction: \$18.00- /Bi-Weekly

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

Mailing Address 924 Rolfe Rd

City State Zip Code
Mason MI 48854-9669

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Manager, Service Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 277.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A4B9E84D66F2049B7AEA
 Amount of Each Receipt this Period: 90.00
 Payroll Deduction: \$18.00- /Bi-Weekly

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

Mailing Address 28 Elm Park Blvd

City State Zip Code
Pleasant Ridge MI 48069-1105

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 ▼ 510.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A5C9AB67C249D4273B51
 Amount of Each Receipt this Period: 203.00
 Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **365.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Patricia A Stone		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 3377 Dewdrop Lane		Transaction ID: AF77838D7A09440FFB56
	City Howell	State MI	Zip Code 48843
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director Admin Svcs Finance	Payroll Deduction: \$29.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) Brenda L Storie		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 30060 Lamplighter		Transaction ID: A187E6E2DAF374946A56
	City New Hudson	State MI	Zip Code 48165
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Payroll Deduction: \$18.00- /Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Richard E Stout		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2102 Tuscany Dr		Transaction ID: A7B21E1D08CC84036925
	City Troy	State MI	Zip Code 48085
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager	Payroll Deduction: \$13.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	368.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 13140 Addington Dr

City State Zip Code
Dewitt MI 48820

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Clinical Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 279.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A694521C625FA48D99DD
Amount of Each Receipt this Period: 90.00
Payroll Deduction: \$18.00- /Bi-Weekly

B. Full Name (Last, First, Middle Initial)
Dr. Ira Strumwasser

Mailing Address 5076 Scio Church Rd

City State Zip Code
Ann Arbor MI 48103

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: VP BCBSM Foundation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 681.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AD05AE35DA4E64A53A1D
Amount of Each Receipt this Period: 315.00
Payroll Deduction: \$45.00- /Bi-Weekly

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

Mailing Address 3726 Kiskadee Drive

City State Zip Code
East Lansing MI 48823-8668

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Manager, Str Pln & Bd Relation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AD44D71050CE44AED962
Amount of Each Receipt this Period: 90.00
Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ 495.00

TOTAL This Period (last page this line 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 211 / 300
(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. Full Name (Last, First, Middle Initial)
Lisa R Susin
Mailing Address 42746 Bloomingdale
City State Zip Code
Sterling Heights MI 48314
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 ▼ 429.00
Date of Receipt 09 / 23 / 2010
Transaction ID: A80E1D24830F047EFB74
Amount of Each Receipt this Period 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

B. Full Name (Last, First, Middle Initial)
Dean H Swanson
Mailing Address 86 Webb St
City State Zip Code
Troy MI 48098
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 354.00
Date of Receipt 09 / 23 / 2010
Transaction ID: ABA711885B7A54ED8BC6
Amount of Each Receipt this Period 126.00
Payroll Deduction: \$18.00- /Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Laurine Symula Parmely
Mailing Address 5772 Martell Drive
City State Zip Code
Troy MI 48085
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 ▼ 439.00
Date of Receipt 09 / 23 / 2010
Transaction ID: A10A5B160C8794A41BE6
Amount of Each Receipt this Period 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 212 / 300
(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.

Full Name (Last, First, Middle Initial)
Laverne Y Tarver

Mailing Address 35759 N Grandview Ct

City Farmington Hills State MI Zip Code 48335

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.00

Date of Receipt 09 / 23 / 2010

Transaction ID: A95B058382D1F4976890

Amount of Each Receipt this Period 126.00

Payroll Deduction: \$18.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Dana R Taylor

Mailing Address The Franklin 28675 Franklin Rd Apt 424

City Southfield State MI Zip Code 48034

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager Customer Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 23 / 2010

Transaction ID: ACDD169EF1F714439AE3

Amount of Each Receipt this Period 72.00

Payroll Deduction: \$18.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Jeffrey M Tenerowicz

Mailing Address 19733 Cardene Way

City Northville State MI Zip Code 48167

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Consultant Product Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.00

Date of Receipt 09 / 23 / 2010

Transaction ID: AF09708E568DB420ABAF

Amount of Each Receipt this Period 39.00

Payroll Deduction: \$13.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 237.00

TOTAL This Period (last page this line 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 213 / 300
(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.

Full Name (Last, First, Middle Initial)
Richard T Theisen

Mailing Address 23250 Cheltenham Ln

City Dearbn Hts State MI Zip Code 48127

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt 09 / 23 / 2010
Transaction ID: ACB3CA85512424016943

Amount of Each Receipt this Period 203.00

Payroll Deduction: \$29.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Toya B Thomas

Mailing Address 30351 Norwich Dr.

City Novi State MI Zip Code 48377

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Corporate Tax Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A48972561AD2D48288CF

Amount of Each Receipt this Period 65.00

Payroll Deduction: \$13.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Rhonda E Thomas

Mailing Address 29232 Sharidale

City Southfld State MI Zip Code 48034

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

Name of Employer Blue Cross Blue Shield of Michigan Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 09 / 23 / 2010
Transaction ID: A8AC822493B4E442A9FA

Amount of Each Receipt this Period 26.00

Payroll Deduction: \$13.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 294.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Stefanie Thornton	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 13449 Diegel Dr	Transaction ID: AA137B1C8870748C0825
	City State Zip Code Shelby Township MI 48315	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer Occupation Blue Cross Blue Shield of Michigan Director- Talent Acq	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.00	

B.	Full Name (Last, First, Middle Initial) Srividya Thyagarajan	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address Strawberry Ln Apt-Bldg 10 27264 St Apt 103	Transaction ID: AB648A237C25349169B2
	City State Zip Code Farmington Hills MI 48334	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer Occupation Blue Cross Blue Shield of Michigan Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

C.	Full Name (Last, First, Middle Initial) Deborah J Tidwell	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 28044 Tavistock Trail	Transaction ID: A3CAB5824CA65410D813
	City State Zip Code Southfld MI 48034	Amount of Each Receipt this Period 63.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
	Name of Employer Occupation Blue Cross Blue Shield of Michigan Manager Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.00	

SUBTOTAL of Receipts This Page (optional)	141.00
TOTAL This Period (last page this line 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 215 / 300
(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.

Full Name (Last, First, Middle Initial)
Lawrence Tomenello

Mailing Address 38040 Huron Pointe Dr

City State Zip Code
Harrsn Twp MI 48045

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A44123838E2204C1A845
 Amount of Each Receipt this Period: 90.00
 Payroll Deduction: \$18.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Rachelle A Tomlinson

Mailing Address 49791 Keycove

City State Zip Code
Chestrfld Twp MI 48047

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Ld Financial Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A6E437D4D4A3342A4880
 Amount of Each Receipt this Period: 70.00
 Payroll Deduction: \$10.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Susan C Tousignant

Mailing Address 21620 River Ridge Trail

City State Zip Code
Farmington Hills MI 48335

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: ADBC7093EB9F34C91871
 Amount of Each Receipt this Period: 108.00
 Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► 268.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Johanna Townsend	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1545 Tagalak Trail	Transaction ID: A7D70DE5D7A624FFC9D9
	City State Zip Code Holt MI 48842-9575	Amount of Each Receipt this Period 18.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$6.00/- Bi-Weekly
	Name of Employer Accident Fund Insurance Company of Ame Occupation Claims Examiner li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 217.00	

B.	Full Name (Last, First, Middle Initial) Marsha Tracy	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 12451 Oakland Hills	Transaction ID: AF04AB2C9718C4153AE1
	City State Zip Code Dewitt MI 48820-8302	Amount of Each Receipt this Period 108.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00/- /Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Assistant General Counsel li Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 349.00	

C.	Full Name (Last, First, Middle Initial) Debra A Trezil	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address PO Box 287	Transaction ID: A01A0FA5C38874ACCB09
	City State Zip Code Northville MI 48167	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00/- /Bi-Weekly
	Name of Employer Blue Cross Blue Shield of Michigan Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 448.00	

SUBTOTAL of Receipts This Page (optional)	▶	329.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert L Tripi	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 16757 Dunswood Dr	Transaction ID: A6DB27147912444A5814
	City State Zip Code Northville MI 48167	Amount of Each Receipt this Period 52.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 242.00	

B.	Full Name (Last, First, Middle Initial) John A Tudball	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 22102 Beech Knoll Dr	Transaction ID: A26F4F62510474FFFB08
	City State Zip Code Macomb MI 48044	Amount of Each Receipt this Period 108.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.00	

C.	Full Name (Last, First, Middle Initial) Kathy Tungate	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2206 Quarry Rd	Transaction ID: A4C4CAFF06B4244CD926
	City State Zip Code East Lansing MI 48823-7232	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$9.00/- Bi-Weekly
	Name of Employer: Accident Fund Insurance Company of Ame Occupation: Senior HR Bus Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 258.00	

SUBTOTAL of Receipts This Page (optional)	214.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Denise Turman	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 19532 Bretton Drive	Transaction ID: A0592F971BE7440BCBA7
	City State Zip Code Detroit MI 48223	Amount of Each Receipt this Period 108.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 303.00	

B.	Full Name (Last, First, Middle Initial) Gary Tygart Jr	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 8864 Indigo Ln	Transaction ID: A151A5E8B219B4771837
	City State Zip Code Ypsilanti MI 48197	Amount of Each Receipt this Period 126.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Hr Business Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.00	

C.	Full Name (Last, First, Middle Initial) Diane K Valade	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 12927 LaSalle Ln	Transaction ID: AD96DE8EB240F4148BAF
	City State Zip Code Huntington Woods MI 48070	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 459.00	

SUBTOTAL of Receipts This Page (optional)	▶	437.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Shelley L Van Riper	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 353 Starkweather St	Transaction ID: A5EE1A01CA972442EA5E
	City State Zip Code Plymouth MI 48170	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Health Care Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 289.00	

B.	Full Name (Last, First, Middle Initial) Mary A Van Tiem	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 805 Leinster	Transaction ID: A3CF78749735B4ADEAE5
	City State Zip Code Rchstr Hls MI 48309	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Director Asst Gen Auditor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.00	

C.	Full Name (Last, First, Middle Initial) Michelle M VanTorre-Tellier	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2065 Wilshire Dr SE	Transaction ID: AFF05CE8F77E7481C836
	City State Zip Code Grand Rapids MI 49506	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$20.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager-sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 366.00	

SUBTOTAL of Receipts This Page (optional)	▶	320.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lisa M Varnier		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 4139 Wakefield		Transaction ID: A02E37066398D4D89A49		
	City Berkley	State MI	Zip Code 48072	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Attorney Senior	Aggregate Year-to-Date 423.00		

B.	Full Name (Last, First, Middle Initial) Greg T Vartanoff		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 22359 Woodstock Ct		Transaction ID: A2408275E77F04926A42		
	City Woodhaven	State MI	Zip Code 48183	Amount of Each Receipt this Period 203.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$29.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Aggregate Year-to-Date 441.00		

C.	Full Name (Last, First, Middle Initial) Ellen P Vergin		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 2346 North		Transaction ID: A8A39C63F91F94F15982		
	City Milford	State MI	Zip Code 48380	Amount of Each Receipt this Period 78.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: \$13.00- /Bi-Weekly		
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director Finance/pfa	Aggregate Year-to-Date 273.00		

SUBTOTAL of Receipts This Page (optional)	484.00
TOTAL This Period (last page this line 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 221 / 300
(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. Full Name (Last, First, Middle Initial)
Katherine P Vern

Mailing Address 516 Lakepointe

City State Zip Code
Grosse Pointe Park MI 48230

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A61CE4F524D7D4555878
 Amount of Each Receipt this Period: 52.00
 Payroll Deduction: \$13.00- /Bi-Weekly

B. Full Name (Last, First, Middle Initial)
Kirk W Vogelei

Mailing Address 1304 Kinlock

City State Zip Code
Troy MI 48098

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 ▼
411.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A4285068859414A8FA17
 Amount of Each Receipt this Period: 203.00
 Payroll Deduction: \$29.00- /Bi-Weekly

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

Mailing Address 24980 Woodridge Dr Apt 301

City State Zip Code
Farmington Hills MI 48335

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Chief Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A5C415C911B214AB99EB
 Amount of Each Receipt this Period: 72.00
 Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **327.00**

TOTAL This Period (last page this line 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 222 / 300
(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

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

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

A.

Full Name (Last, First, Middle Initial)
Colleen M Wachowski

Mailing Address 9201 Allen Rd

City State Zip Code
Clarkston MI 48348

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A4BB657353CF64C42819
Amount of Each Receipt this Period: 91.00
Payroll Deduction: \$13.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Equilla Wainwright

Mailing Address 200 River Place
Unit 11

City State Zip Code
Detroit MI 48207

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: VP Diversity and Inclusion

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
665.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A61D1BCAF357B4BC4836
Amount of Each Receipt this Period: 315.00
Payroll Deduction: \$45.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Laura D Walker

Mailing Address 26192 Summerdale Dr
Bldg 12 Unit 92

City State Zip Code
Southfld MI 48033

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Dir - Human Performance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
417.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A4C9B3CBDCF294B6CA25
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **609.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Cassandra Yvette Walker		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 8963 Morning Mist Dr		Transaction ID: A49EBC33E055C4577938
	City Clarkston	State MI	Zip Code 48348
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Manager-account	Payroll Deduction: \$18.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 318.00	

B.	Full Name (Last, First, Middle Initial) Donna L Waller		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 894 Avon Court		Transaction ID: A2D8DAE757B9A41A1A93
	City Grs Pt Wds	State MI	Zip Code 48236
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation Director	Payroll Deduction: \$29.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 454.00	

C.	Full Name (Last, First, Middle Initial) Carolynn Walton		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 5835 Pinecroft Dr.		Transaction ID: AB55362973CC640ADBC1
	City W Blmfld	State MI	Zip Code 48322
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
	Name of Employer Blue Cross Blue Shield of Michigan	Occupation VP & Treasurer	Payroll Deduction: \$45.00- /Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 617.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 224 / 300
(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.

Full Name (Last, First, Middle Initial)
Richard Ward

Mailing Address 6710 Riverside Dr E

City Windsor State ON Zip Code N8S 1

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: VP Clin Pgms & Med Infomtcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 602.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A39335445F17448569C6
Amount of Each Receipt this Period: 315.00
Payroll Deduction: \$45.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Ray A Warner

Mailing Address 50707 Otter Creek

City Shelby Twp State MI Zip Code 48317

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 ▼ 405.50

Date of Receipt: 09 / 23 / 2010
Transaction ID: ACE8F69BA74E04FD8948
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Steven B Watkeys

Mailing Address 31967 Lamar

City Farmington State MI Zip Code 48336

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AF90DBD52E1934F49912
Amount of Each Receipt this Period: 91.00
Payroll Deduction: \$13.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **609.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 225 / 300
(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.

Full Name (Last, First, Middle Initial)
Larry R Watson

Mailing Address 2462 Coe Court

City State Zip Code
Perrysburg OH 43551

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 268.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AF23940164F5A41CEB73
Amount of Each Receipt this Period: 72.00
Payroll Deduction: \$18.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Marshall R Weipert

Mailing Address 2813 Blue Heron

City State Zip Code
Wixom MI 48393

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Sr Sales Information Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A97A1FF6415BD4C96927
Amount of Each Receipt this Period: 54.00
Payroll Deduction: \$9.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Jason Welsh

Mailing Address 14031 Manhattan

City State Zip Code
Oak Park MI 48237-1103

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

Name of Employer: Accident Fund Insurance Company of Ame
Occupation: Assistant General Counsel II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: ACC3A40664B0E4F4F86A
Amount of Each Receipt this Period: 108.00
Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **234.00**

TOTAL This Period (last page this line 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 226 / 300 (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

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

<p>A. Full Name (Last, First, Middle Initial) Eva L Wendt</p> <p>Mailing Address 3692 Watuga St</p> <p>City State Zip Code Commerce Twp MI 48390</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan</p> <p>Occupation VP Subsidiary Operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 633.00</p>	<p>Date of Receipt 09 / 23 / 2010</p> <p>Transaction ID: A361C2A108B234704B2E</p> <p>Amount of Each Receipt this Period 315.00</p> <p>Payroll Deduction: \$45.00- /Bi-Weekly</p>
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<p>B. Full Name (Last, First, Middle Initial) Laurie Wesolowicz</p> <p>Mailing Address 17455 Maple Hill Dr</p> <p>City State Zip Code Northville MI 48168</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan</p> <p>Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 259.00</p>	<p>Date of Receipt 09 / 23 / 2010</p> <p>Transaction ID: A0F749368BB444940B2D</p> <p>Amount of Each Receipt this Period 63.00</p> <p>Payroll Deduction: \$9.00- Bi-Weekly</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Mary H Wessner</p> <p>Mailing Address 713 Hutchins</p> <p>City State Zip Code Ann Arbor MI 48103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan</p> <p>Occupation Systems Analyst Sr</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 201.50</p>	<p>Date of Receipt 09 / 23 / 2010</p> <p>Transaction ID: A93B94934E25D42B4A60</p> <p>Amount of Each Receipt this Period 91.00</p> <p>Payroll Deduction: \$13.00- /Bi-Weekly</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	469.00
<p>TOTAL This Period (last page this line number only)</p>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 / 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Rachel A White		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 3287 Silverbrook Dr		Transaction ID: A0A6A48E537904844BD2
	City Rochester	State MI	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation Senior Health Care Analyst
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 388.00	Payroll Deduction: \$18.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) William H White		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 440 Roland Rd		Transaction ID: A8F95D39865D94EAAB99
	City Grosse Pte Farms	State MI	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.00
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation Application Developer Sr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 233.00	Payroll Deduction: \$9.00- Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Gretchen M White		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 4165 Dallas		Transaction ID: A9F3940B085A1457A92B
	City Holt	State MI	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.00
	Name of Employer Blue Cross Blue Shield of Michigan		Occupation Manager-sales
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 317.00	Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	288.00
TOTAL This Period (last page this line 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 228 / 300
(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. Full Name (Last, First, Middle Initial)
Kenneth Willemssen

Mailing Address 13896 Eva Court

City State Zip Code
Sterling Heights MI 48313-4206

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

Name of Employer
Accident Fund Insurance Company of Ame

Occupation
Senior Loss Control Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A89C7C34AA8C144418A8

Amount of Each Receipt this Period
48.00

Payroll Deduction: \$12.00-
/Bi-Weekly

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

Mailing Address 43971 Columbia Dr

City State Zip Code
Clinton Twp MI 48038

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
306.50

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A49C74997B14C4B678F5

Amount of Each Receipt this Period
108.00

Payroll Deduction: \$18.00-
/Bi-Weekly

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

Mailing Address 4797 Burt Avenue

City State Zip Code
Gd Ledge MI 48837

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

Name of Employer
Blue Cross Blue Shield of Michigan

Occupation
Manager-key Account

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
292.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A0FFC6F65D5D846C790A

Amount of Each Receipt this Period
108.00

Payroll Deduction: \$18.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **264.00**

TOTAL This Period (last page this line 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 229 / 300
(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

<p>A. Full Name (Last, First, Middle Initial) Lisa Willson</p> <p>Mailing Address 230 Linn Road</p> <p>City State Zip Code Williamston MI 48895-9358</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Accident Fund Insurance Company of Ame</p> <p>Occupation Senior Financial Sys Analyst</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 23 / 2010</p> <p>Transaction ID: AA146EE999F104EABB7F</p> <p>Amount of Each Receipt this Period 36.00</p> <p>Payroll Deduction: \$6.00/- Bi-Weekly</p>
<p>B. Full Name (Last, First, Middle Initial) Deidra A Wilson</p> <p>Mailing Address 3031 Crofton Dr</p> <p>City State Zip Code Dewitt MI 48820</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan</p> <p>Occupation Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 271.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 23 / 2010</p> <p>Transaction ID: AA555044044C3489C98F</p> <p>Amount of Each Receipt this Period 72.00</p> <p>Payroll Deduction: \$18.00/- /Bi-Weekly</p>
<p>C. Full Name (Last, First, Middle Initial) William G Wilson</p> <p>Mailing Address 29803 Keller Dr</p> <p>City State Zip Code Warren MI 48088</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Cross Blue Shield of Michigan</p> <p>Occupation Business Analyst Sr</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 235.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 23 / 2010</p> <p>Transaction ID: AD1A94DCDE6124CC38D3</p> <p>Amount of Each Receipt this Period 36.00</p> <p>Payroll Deduction: \$9.00/- Bi-Weekly</p>

SUBTOTAL of Receipts This Page (optional)	144.00
TOTAL This Period (last page this line 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 230 / 300
(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. Full Name (Last, First, Middle Initial)
Kathryn L Wilson

Mailing Address 1361 Palmer

City Plymouth State MI Zip Code 48170

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager Sales Infrm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 313.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A6E5BB915A1F148F387C
 Amount of Each Receipt this Period: 126.00
 Payroll Deduction: \$18.00- /Bi-Weekly

B. Full Name (Last, First, Middle Initial)
Patricia M Wilson

Mailing Address 597 Dresden Place

City St Clr Bch State ON Zip Code N8N 4

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 ▼ 465.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AE224DA9AE6D647198C4
 Amount of Each Receipt this Period: 203.00
 Payroll Deduction: \$29.00- /Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Lablance B Winder

Mailing Address 32001 Concord Dr Apt G

City Madison Hts State MI Zip Code 48071

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A0DB3B91EE4AA4BD1AB5
 Amount of Each Receipt this Period: 72.00
 Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ► **401.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Mr. Dennis M Winkler

Mailing Address 2888 Kilburn Ct

City State Zip Code
Rchstr Hls MI 48306

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Director Technical Prog Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 409.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A70A8FD3EE55341159B2
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00- /Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Jeffrey M Witzburg

Mailing Address 9650 Winterset Circle

City State Zip Code
Plymouth MI 48170

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Business Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 354.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AACA46756AC0F4D87AA4
Amount of Each Receipt this Period: 126.00
Payroll Deduction: \$18.00- /Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Kathleen P Wodecki

Mailing Address 7640 Barnsbury

City State Zip Code
W Blmfld MI 48324

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 331.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: ACEAD9D3583F04243BB6
Amount of Each Receipt this Period: 126.00
Payroll Deduction: \$18.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **455.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Diane M Wolfenden		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 34397 Orsini Dr.		Transaction ID: AB4E24C2749A344DE96E
	City Sterling Heights	State MI	Zip Code 48312
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 448.00	Payroll Deduction: \$29.00- /Bi-Weekly

B.	Full Name (Last, First, Middle Initial) Judith L Wood		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 29425 Prestwick		Transaction ID: AB1701DC84EDA4040889
	City Southfld	State MI	Zip Code 48076
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00
	Name of Employer Blue Cross Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 217.00	Payroll Deduction: \$9.00- Bi-Weekly

C.	Full Name (Last, First, Middle Initial) Michael Wood		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 14889 Peacock Rd.		Transaction ID: A8E4B6EBD22C44CEBA89
	City East Lansing	State MI	Zip Code 48823-9443
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 174.00
	Name of Employer Accident Fund Insurance Company of Ame Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director, Tpa Operations Aggregate Year-to-Date ▼ 446.00	Payroll Deduction: \$29.00- /Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	395.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ronald Wood	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 29225 Lake Park	Transaction ID: A714A63EEF19141BCB9A
	City State Zip Code Farmington Hills MI 48331	Amount of Each Receipt this Period 315.00
	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 Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 734.00	

B.	Full Name (Last, First, Middle Initial) Kathryn W Woodyard	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 5069 Glendurgan Ct	Transaction ID: A4CF5050DD07A44D3902
	City State Zip Code Holt MI 48842	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 207.00	

C.	Full Name (Last, First, Middle Initial) Sheila Wright	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 7782 Forestview Drive	Transaction ID: AE488A54D1FF0414FB2E
	City State Zip Code Haslett MI 48840-8720	Amount of Each Receipt this Period 174.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer: Accident Fund Insurance Company of Ame Occupation: Director, Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 530.00	

SUBTOTAL of Receipts This Page (optional)	580.00
TOTAL This Period (last page this line 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 234 / 300
(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. Full Name (Last, First, Middle Initial)
Kelly J Wuetrich

Mailing Address 23255 Liberty St

City State Zip Code
Saint Clair Shores MI 48080

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Team Leader I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: A039F7BA4FE1449C09B8
Amount of Each Receipt this Period: 63.00
Payroll Deduction: \$9.00/-Bi-Weekly

B. Full Name (Last, First, Middle Initial)
Pamela A Yanis

Mailing Address 905 Blairmoor Ct

City State Zip Code
Grs Pt Wds MI 48236

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Sr Dir Prvdr Consultg Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AA1324A2556C045C494D
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00/-Bi-Weekly

C. Full Name (Last, First, Middle Initial)
Hashim M Yar

Mailing Address 572 Tally Ho Court

City State Zip Code
Bloomfield Hills MI 48304

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

Name of Employer: Blue Cross Blue Shield of Michigan
Occupation: Regional Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 453.00

Date of Receipt: 09 / 23 / 2010
Transaction ID: AD48D1A32211F4E639B6
Amount of Each Receipt this Period: 203.00
Payroll Deduction: \$29.00/-Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ▶ **469.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kathleen E Young	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1217 Naples Court	Transaction ID: A1807C097BB23443EB49
	City State Zip Code Ann Arbor MI 48103-5314	Amount of Each Receipt this Period 203.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Dir Med Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.00	

B.	Full Name (Last, First, Middle Initial) Andrea L Young	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 22405 Hallcroft Trail	Transaction ID: AC20562D56135494682A
	City State Zip Code Southfield MI 48034	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$13.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

C.	Full Name (Last, First, Middle Initial) Richard Zapala	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1915 Creek Landing	Transaction ID: A17BEB76D5CEF4C5C830
	City State Zip Code Haslett MI 48840-8704	Amount of Each Receipt this Period 174.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$29.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Assistant General Counsel IV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 484.00	

SUBTOTAL of Receipts This Page (optional)	442.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 / 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Michael B Zell	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 5411 Bright Creek Court	Transaction ID: A7C2378FD6BE04C018FE
	City State Zip Code Flint MI 48532	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Manager-sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00	

B.	Full Name (Last, First, Middle Initial) Matthew M Zelman	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 633 S Dorchester Ave	Transaction ID: ACC9CC433A54F4C1195B
	City State Zip Code Royal Oak MI 48067	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$18.00- /Bi-Weekly
	Name of Employer: Blue Cross Blue Shield of Michigan Occupation: Project Mgr Product Analysis Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 257.00	

C.	Full Name (Last, First, Middle Initial) David Zink	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 718 Britten	Transaction ID: AE29AECFB07A946F1BAC
	City State Zip Code Lansing MI 48910-1322	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: \$10.00- /Bi-Weekly
	Name of Employer: Accident Fund Insurance Company of Ame Occupation: Manager, Entpse Cnt Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 246.00	

SUBTOTAL of Receipts This Page (optional)	194.00
TOTAL This Period (last page this line 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 237 / 300
(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.

Full Name (Last, First, Middle Initial)
Richard Znidarsic

Mailing Address 14970 Forest Hill Road

City State Zip Code
Grand Ledge MI 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 ▼
618.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A0F597B6744184B44A50

Amount of Each Receipt this Period
270.00

Payroll Deduction: \$45.00-
/Bi-Weekly

B.

Full Name (Last, First, Middle Initial)
Dan Zolkowski

Mailing Address 1841 Ridgewood Drive

City State Zip Code
East Lansing MI 48823-2939

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

Name of Employer
Accident Fund Insurance
Company of Ame

Occupation
Assistant General Counsel li

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
422.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: AA463BFD03EDD4E3CBFE

Amount of Each Receipt this Period
174.00

Payroll Deduction: \$29.00-
/Bi-Weekly

C.

Full Name (Last, First, Middle Initial)
Steven Zvonar

Mailing Address 1945 Yuma Trl

City State Zip Code
Okemos MI 48864-2744

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

Name of Employer
Accident Fund Insurance
Company of Ame

Occupation
Web Application Developer lii

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
289.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010

Transaction ID: A1F164E46725441D2A55

Amount of Each Receipt this Period
90.00

Payroll Deduction: \$18.00-
/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)	▶	534.00
TOTAL This Period (last page this line number only)	▶	91065.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 238 / 300
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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

A.

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

Mailing Address 200 Washington Sq.

City State Zip Code
Lansing MI 48933

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
931.53

Date of Receipt
MM / DD / YYYY
07 / 31 / 2010

Transaction ID: A69DDE605EA86441AB0F

Amount of Each Receipt this Period
115.82

Bank Interest Received

B.

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

Mailing Address 200 Washington Sq.

City State Zip Code
Lansing MI 48933

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1046.21

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: A58DFDBB3E49740109D6

Amount of Each Receipt this Period
114.68

Bank Interest Received

C.

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

Mailing Address 200 Washington Sq.

City State Zip Code
Lansing MI 48933

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1161.93

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: AE0B7DE2141F045FD9B4

Amount of Each Receipt this Period
115.72

Bank Interest Received

SUBTOTAL of Receipts This Page (optional)	▶	346.22
TOTAL This Period (last page this line number only)	▶	346.22

**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 239 / 300

<input checked="" 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 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

A. Full Name (Last, First, Middle Initial) Capitol National Bank <hr/> Mailing Address 200 Washington Sq. <hr/> City Lansing State MI Zip Code 48933 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3557D68C542646E3BDF Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 11.57
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Capitol National Bank <hr/> Mailing Address 200 Washington Sq. <hr/> City Lansing State MI Zip Code 48933 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B787AAFBECD8E4761B46 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 6.97
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Capitol National Bank <hr/> Mailing Address 200 Washington Sq. <hr/> City Lansing State MI Zip Code 48933 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8EF1885BB6F64E09812 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 12.18
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

30.72

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

30.72

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 240 / 300

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Barts Bridge Pac</p> <p>Mailing Address 817 Ninth Ave</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Contribution to Federal PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p>Transaction ID: B1337A7E092C74D54B5F</p> <p>Date of Disbursement 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Candicepac</p> <p>Mailing Address P.o. Box 65796</p> <p>City Washington State DC Zip Code 20035</p> <p>Purpose of Disbursement Contribution to Federal PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p>Transaction ID: B1197674507DD449D968</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Dave Camp For Congress</p> <p>Mailing Address 5915 Eastman Ave. Suite 100 5915 Eastman Ave. Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B643C304EDA3B4A5D869</p> <p>Date of Disbursement 08 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 241 / 300

<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

<p>A. Full Name (Last, First, Middle Initial) Dave Camp For Congress</p> <p>Mailing Address 5915 Eastman Ave. Suite 100 5915 Eastman Ave. Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDA28354FACDE4459980</p> <p>Date of Disbursement 08 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) GRASSROOTS ORGANIZING ACTING & LEADING PAC - GOALPAC</p> <p>Mailing Address PO Box 30344</p> <p>City Bethesda State MD Zip Code 20824</p> <p>Purpose of Disbursement Contribution to Federal PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p>Transaction ID: B81465298D1FA4AC69A2</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Levin For Congress Committee</p> <p>Mailing Address P.o. Box 1092</p> <p>City Warren State MI Zip Code 48092</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Sandy Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BEE6BA59C25534A2087C</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 242 / 300

<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

<p>A. Full Name (Last, First, Middle Initial) Levin For Congress Committee</p> <p>Mailing Address P.o. Box 1092</p> <p>City Warren State MI Zip Code 48092</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Sandy Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD374CE9EF41F4B42AEF</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Levin For Congress Committee</p> <p>Mailing Address P.o. Box 1092</p> <p>City Warren State MI Zip Code 48092</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Sandy Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6279CC5475474A488A8</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>C. Full Name (Last, First, Middle Initial) McCotter Congressional Committee</p> <p>Mailing Address P. O. Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement Contribution to Federal Candidate Committee</p> <p>Candidate Name Rep. Thaddeus McCotter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B70294DDE0F7545CEBFA</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 243 / 300

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

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

A. Full Name (Last, First, Middle Initial) MCDOWELL FOR CONGRESS COMMITTEE <hr/> Mailing Address 10820 GLEN STREET <hr/> City Rudyard State MI Zip Code 49780 <hr/> Purpose of Disbursement Contribution to Federal Candidate Candidate Name Mr. Gary J McDowell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B00AC70F0D0614FB6822 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2010
	Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) Mike R Fund <hr/> Mailing Address P.o. Box 65796 <hr/> City Washington State DC Zip Code 20035 <hr/> Purpose of Disbursement Contribution to Federal PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010	Transaction ID: B3F6CC577650644D18DF Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010
	Amount of Each Disbursement this Period 2500.00
C. Full Name (Last, First, Middle Initial) Rogers For Congress <hr/> Mailing Address Post Office Box 581 Post Office Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Mike Rogers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF29C580C09584BF7BB2 Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2010
	Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 244 / 300

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

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

A.

Full Name (Last, First, Middle Initial)
TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTI-
CS

Transaction ID: BA12CBCE06C5C437D994

Mailing Address 228 S. WASHINGTON STREET
SUITE 115

Date of Disbursement

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

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution to Federal PAC

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Other2010

B.

Full Name (Last, First, Middle Initial)
Upton For All Of Us

Transaction ID: B9004DA93B5C0411585F

Mailing Address Po Box 490

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	0

City St Joseph State MI Zip Code 49085

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Contribution to Federal Candidate Committee

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

47500.00

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 245 / 300

<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 checked="" 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

<p>A. Full Name (Last, First, Middle Initial) Annette Hamann</p> <p>Mailing Address 7605 Whispering Brook Dr Apt A4</p> <p>City Portage State MI Zip Code 49024</p> <p>Purpose of Disbursement Refund of Contribution to PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF3F03A498B99498D97E</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 51.00</p>
<p>B. Full Name (Last, First, Middle Initial) Theodore Harper, III</p> <p>Mailing Address 3680 Middlebelt Rd</p> <p>City Inkster State MI Zip Code 48141-080</p> <p>Purpose of Disbursement VOID: Check No. 3587, Issued 4/22/03</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4735ADF9B58948C79B5</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period -7.00</p>
<p>C. Full Name (Last, First, Middle Initial) Diane Whitfield</p> <p>Mailing Address 270 Lyon Blvd</p> <p>City South Lyon State MI Zip Code 48178</p> <p>Purpose of Disbursement Refund of PAC Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8966EB3324104A338D0</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 42.00</p>

SUBTOTAL of Disbursements This Page (optional)	86.00
TOTAL This Period (last page this line number only)	86.00

**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)

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

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

A. Full Name (Last, First, Middle Initial) AI Pscholka for State Rep <hr/> Mailing Address 5810 Longhorn Trail <hr/> City State Zip Code Stevensville MI 49127 <hr/> Purpose of Disbursement AI Pscholka, State House, 79th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B85004BD7C69A4FA292F Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) AI Pscholka for State Rep <hr/> Mailing Address 5810 Longhorn Trail <hr/> City State Zip Code Stevensville MI 49127 <hr/> Purpose of Disbursement AI Pscholka, State House, 79th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B590D37738F574771840 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Amanda Price for Rep Cmte <hr/> Mailing Address 3975 Lakeridge Drive <hr/> City State Zip Code Holland MI 49424 <hr/> Purpose of Disbursement Amanda Price, State House, 89th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B037D08E72F4F4A02A94 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Aric Nesbitt for State Representative <hr/> Mailing Address PO Box 400 <hr/> City Lawton State MI Zip Code 49065 Purpose of Disbursement Aric Nesbitt, State House, 80th District, MI Candidate Name	Transaction ID: BBF6FD4EDC882454C915 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type
B. Full Name (Last, First, Middle Initial) Barb Byrum for State Representative <hr/> Mailing Address PO Box 27344 <hr/> City Lansing State MI Zip Code 48909 Purpose of Disbursement Barb Byrum, State House, 67th District, MI Candidate Name	Transaction ID: B48721409B7434A559A5 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type
C. Full Name (Last, First, Middle Initial) Barb Byrum for State Representative <hr/> Mailing Address PO Box 27344 <hr/> City Lansing State MI Zip Code 48909 Purpose of Disbursement Barb Byrum, State House, 67th District, MI Candidate Name	Transaction ID: B442FC4602E0D4667BE8 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Bob Constan For State Representative</p> <p>Mailing Address 5527 Heather Lane</p> <p>City Dearborn Hts. State MI Zip Code 48125</p> <p>Purpose of Disbursement Bob Constan, State House, 16th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5C87B35D81B943269DD</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Bob Genetski For State Representative</p> <p>Mailing Address 787 Pine Ave</p> <p>City Holland State MI Zip Code 49423</p> <p>Purpose of Disbursement Bob Genetski, State House, 88th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B42D722CCB5314A3F84E</p> <p>Date of Disbursement 07 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 525.00</p>
<p>C. Full Name (Last, First, Middle Initial) Bob Genetski For State Representative</p> <p>Mailing Address 787 Pine Ave</p> <p>City Holland State MI Zip Code 49423</p> <p>Purpose of Disbursement Bob Genetski, State House, 88th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B32EF7FA085B04EFAA1B</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2025.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Bob Young for Justice <hr/> Mailing Address 2843 E. Grand River #222 <hr/> City East Lansing State MI Zip Code 48823 <hr/> Purpose of Disbursement Bob Young, Supreme Ct Justice, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B7D3462500AD74BD796C Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bruce Caswell For Senate <hr/> Mailing Address 8940 E. Bacon Road <hr/> City Hillsdale State MI Zip Code 49242 <hr/> Purpose of Disbursement Bruce Caswell, State Senate, 16th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B084BE59EB4C3408DBFE Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Brunner for State Representative <hr/> Mailing Address 208 Murphy Street <hr/> City Bay City State MI Zip Code 48706 <hr/> Purpose of Disbursement Charles Brunner, State House, 96th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B085BA7315E944DFD8E4 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Burton Leland For Detroit <hr/> Mailing Address 17254 Bentler <hr/> City Detroit State MI Zip Code 48219 <hr/> Purpose of Disbursement Burton Leland, County Commissioner, Wayne County, MI, Local Candidate Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010	Transaction ID: BE24E6CB6FDF94F23B5D Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Charles Smiley for State Rep <hr/> Mailing Address 2253 McLaren <hr/> City Burton State MI Zip Code 48529 <hr/> Purpose of Disbursement Charles Smiley, State House, 50th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: B67FE062F0B10418DA49 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Cindy Denby For State Rep Comm <hr/> Mailing Address 9787 Amanda Drive <hr/> City Fowlerville State MI Zip Code 48836 <hr/> Purpose of Disbursement Cindy Denby, State House, 47th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: BE7F712C163924547AD7 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Citizens for John Walsh</p> <p>Mailing Address 35041 Pembroke</p> <p>City Livonia State MI Zip Code 48152</p> <p>Purpose of Disbursement John Walsh, State House, 19th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B186A8F59138D4DABB05</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for Margaret OBrien</p> <p>Mailing Address 1625 Bellaire</p> <p>City Portage State MI Zip Code 49024</p> <p>Purpose of Disbursement Margaret OBrien, State House, 61st District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B84F5524D4B7A460EA54</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Cmte To Elect Steven Bieda Senator</p> <p>Mailing Address PO Box 1311</p> <p>City Warren State MI Zip Code 48090</p> <p>Purpose of Disbursement Steven Bieda, State Senate, 9th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD47AF8F2FC59444E8AD</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)

PAGE 252 / 300

<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. Full Name (Last, First, Middle Initial) Coleman A. Young for Detroit (Senate)	Transaction ID: B90D88F319D94412C934 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Mailing Address 3430 E JEFFERSON #438 City Detroit State MI Zip Code 48207 Purpose of Disbursement Coleman A. Young, State Senate, 1st District, MI Candidate Name Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) Comm. To Elect Jack Brandenburg Senate	Transaction ID: B9E3FCA23FE324A9CB7B Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0
	Mailing Address 25 Eldredge City Mt Clemens State MI Zip Code 48043 Purpose of Disbursement Jack Brandenburg, State Senate, 11th District, MI Candidate Name Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) Committe to Elect Jon Bumstead	Transaction ID: B7A9DBC587C034A23886 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0
	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 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 500.00

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)

PAGE 253 / 300

<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

<p>A. Full Name (Last, First, Middle Initial) Committee To Elect Andrew J Kandrevas</p> <p>Mailing Address 13400 Dix-toledo Road</p> <p>City Southgate State MI Zip Code 48195</p> <p>Purpose of Disbursement Andrew Kandrevas, State House, 13th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB541D7F261454635AB8</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Committee to Elect Bert Johnson State Senate</p> <p>Mailing Address 36 Eason</p> <p>City Highland Park State MI Zip Code 48203</p> <p>Purpose of Disbursement Bert Johnson, State Senate, 2nd District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B52851554C10748DD897</p> <p>Date of Disbursement 07 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Committee to Elect Bert Johnson State Senate</p> <p>Mailing Address 36 Eason</p> <p>City Highland Park State MI Zip Code 48203</p> <p>Purpose of Disbursement Bert Johnson, State Senate, 2nd District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B15102C38541D42B1823</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) Committee to Elect Bradford Jacobsen <hr/> Mailing Address PO Box 250 <hr/> City Oxford State MI Zip Code 48371 <hr/> Purpose of Disbursement Bradford Jacobsen, State House, 46th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B071B2FA161564516A80 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee To Elect Dan Scripps <hr/> Mailing Address Po Box 885 <hr/> City Northport State MI Zip Code 49670 <hr/> Purpose of Disbursement Dan Scripps, State House, 101st District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: BBF4E588B3789414C874 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee To Elect David Nathan <hr/> Mailing Address 18701 Grand River #270 <hr/> City Detroit State MI Zip Code 48223 <hr/> Purpose of Disbursement David Nathan, State House, 11th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: BF5B1C8EEFDF242F183C Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Committee To Elect Gail Haines <hr/> Mailing Address Po Box 301085 <hr/> City Waterford State MI Zip Code 48330 <hr/> Purpose of Disbursement Gail Haines, State House, 43rd District, MI Candidate Name	Transaction ID: B3212494579914641B6B Date of Disbursement 09 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 500.00	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		Category/Type
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee to Elect Greg MacMaster <hr/> Mailing Address 5966 Beaver Creek Trail <hr/> City Kewadin State MI Zip Code 49648 <hr/> Purpose of Disbursement Gregory MacMaster, State House, 105th District, MI Candidate Name	Transaction ID: B01816DF17FB04E9F965 Date of Disbursement 09 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 500.00	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		Category/Type
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee to Elect Harvey Santana <hr/> Mailing Address 5700 Brace <hr/> City Detroit State MI Zip Code 48228 <hr/> Purpose of Disbursement Harvey Santana, State House, 10th District, MI Candidate Name	Transaction ID: BF607A4D3C1D043F0A07 Date of Disbursement 09 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 500.00	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		Category/Type
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Committee To Elect Jase Bolger <hr/> Mailing Address Po Box 638 <hr/> City Marshall State MI Zip Code 49068 <hr/> Purpose of Disbursement Jase Bolger, State House, 63rd District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: BC14191E8ADD445F886D Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
B. Full Name (Last, First, Middle Initial) Committee To Elect Judy A Nerat For Stat <hr/> Mailing Address N4834 R 1 Drive <hr/> City Wallace State MI Zip Code 49893 <hr/> Purpose of Disbursement Judy Nerat, State House, 108th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: B15D984181A1840B9B8F Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
C. Full Name (Last, First, Middle Initial) Committee to Elect Kate Ebli <hr/> Mailing Address PO Box 2141 <hr/> City Monroe State MI Zip Code 48161 <hr/> Purpose of Disbursement Kate Ebli, State House, 56th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: B6154EC555F20433088A Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Committee to Elect Ken Goike <hr/> Mailing Address 22440 32 Mile <hr/> City Ray State MI Zip Code 48096 <hr/> Purpose of Disbursement Ken Goike, State House, 33rd district, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: B793AC5FEEA15410AA28 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
B. Full Name (Last, First, Middle Initial) Committee To Elect Kevin Daley <hr/> Mailing Address 3387 Daley Rd <hr/> City Lum State MI Zip Code 48412 <hr/> Purpose of Disbursement Kevin Daley, State House, 82nd District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: B0A3C9E391E0C485188E Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
C. Full Name (Last, First, Middle Initial) Committee To Elect Lesia Liss <hr/> Mailing Address 27472 Haverhill Drive <hr/> City Warren State MI Zip Code 48092 <hr/> Purpose of Disbursement Lesia Liss, State House, 28th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: BC3EBC6DA11D440D4850 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Committee to Elect Lisa Howze <hr/> Mailing Address 2550 W Grand Blvd Ste. 101 <hr/> City Detroit State MI Zip Code 48208 <hr/> Purpose of Disbursement Lisa Howze, State House, 2nd District, MI Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: BA0401993F3284F39A4D Date of Disbursement 09 / 23 / 2010	
	Amount of Each Disbursement this Period 500.00	
	Full Name (Last, First, Middle Initial) Committee To Elect Matt Lori State Repre <hr/> Mailing Address 14941 Roberts Shores Drive <hr/> City Constantine State MI Zip Code 49042 <hr/> Purpose of Disbursement Matt Lori, State House, 59th District, MI Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: B452C302CFF8B4D388B5 Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 500.00	
C. Full Name (Last, First, Middle Initial) Committee to Elect Maureen Stapleton <hr/> Mailing Address 1300 East Lafayette #1207 <hr/> City Detroit State MI Zip Code 48207 <hr/> Purpose of Disbursement Maureen Stapleton, State House, 4th district, MI Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: B5DBA1D1EB4F54AA89AC Date of Disbursement 09 / 23 / 2010	
	Amount of Each Disbursement this Period 500.00	

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 259 / 300

<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. Full Name (Last, First, Middle Initial) Committee to Elect Peter MacGregor <hr/> Mailing Address 8209 Vista Royale Lane <hr/> City Rockford State MI Zip Code 49341 <hr/> Purpose of Disbursement Peter Macgregor, State House, 73rd District, MI Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: BCEFC08AEB92C479C847 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010	
	Amount of Each Disbursement this Period 500.00	
	Full Name (Last, First, Middle Initial) Committee to Elect Phil Potvin <hr/> Mailing Address PO Box 609 <hr/> City Cadillac State MI Zip Code 49601 <hr/> Purpose of Disbursement Phil Potvin, State House, 102nd District, MI Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: B6527F5F8E7414BEE822 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 500.00	
C. Full Name (Last, First, Middle Initial) Committee To Elect Richard Leblanc <hr/> Mailing Address 36267 Canyon Dr. <hr/> City Westland State MI Zip Code 48186 <hr/> Purpose of Disbursement Richard LeBlanc, State House, 18th District, MI Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: B2443E2582DC540C6A61 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010	
	Amount of Each Disbursement this Period 500.00	

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 260 / 300

<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

<p>A. Full Name (Last, First, Middle Initial) Committee to Elect Robert B. Jones</p> <p>Mailing Address PO Box 2046</p> <p>City Kalamazoo State MI Zip Code 49003</p> <p>Purpose of Disbursement Robert B. Jones, State House, 60th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF4E5B5EFC2FA4A37860</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Committee to Elect Robert B. Jones</p> <p>Mailing Address PO Box 2046</p> <p>City Kalamazoo State MI Zip Code 49003</p> <p>Purpose of Disbursement VOID: Check No. 6287, Issued 6/22/10</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BFB1855157C7A49BE91F</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period -500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Committee To Elect Shanelle Jackson</p> <p>Mailing Address 19413 Burton Rd.</p> <p>City Detroit State MI Zip Code 48219</p> <p>Purpose of Disbursement Shanelle Jackson, State House, 9th district, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBC5D75354DD24C0D8DB</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Committee to Elect Stacy Erwin Oakes Mailing Address 3309 Carter Street City Saginaw State MI Zip Code 48601 Purpose of Disbursement Stacy Erwin Oakes, State House, 95th District, MI Candidate Name	Transaction ID: BE0F24F99F6654BF59D7 Date of Disbursement MM / DD / YYYY 07 / 14 / 2010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Committee To Elect Steve Lindberg Mailing Address P.o. Box 109 City Marquette State MI Zip Code 49855 Purpose of Disbursement Steve Lindberg, State House, 109th district, MI Candidate Name	Transaction ID: B04EBDB5D985B4DF483C Date of Disbursement MM / DD / YYYY 09 / 24 / 2010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) Committee to Elect Steven Bieda Sen Mailing Address PO Box 1311 City Warren State MI Zip Code 48093 Purpose of Disbursement Steven Bieda, State Senate, 9th District, MI Candidate Name	Transaction ID: BFB01576D82464838840 Date of Disbursement MM / DD / YYYY 08 / 17 / 2010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	4400.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Committee to Elect Terry Brown</p> <p>Mailing Address 107 Clara Street</p> <p>City Pigeon State MI Zip Code 48755</p> <p>Purpose of Disbursement Terry Brown, State House, 84th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCA103ACE0CA843D48D4</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p>B. Full Name (Last, First, Middle Initial) Committee to Elect Thomas Stallworth</p> <p>Mailing Address 18684 Whitcomb</p> <p>City Detroit State MI Zip Code 48235</p> <p>Purpose of Disbursement Thomas Stallworth, State House, 8th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2D27F408F6204FB9ACA</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Committee to Elect Tim Melton</p> <p>Mailing Address 1604 N Sterling</p> <p>City Pontiac State MI Zip Code 48340</p> <p>Purpose of Disbursement Tim Melton, State House, 29th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B569DCF7D39854449B1B</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1800.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Committee to Elect Tom Hooker <hr/> Mailing Address PO Box 454 <hr/> City Byron Center State MI Zip Code 49315 Purpose of Disbursement Tom Hooker, State House, 77th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: BFA98D1062D9F4B59A6F Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
B. Full Name (Last, First, Middle Initial) Committee to Retain Benny Napoleon Sheriff <hr/> Mailing Address PO Box 32974 <hr/> City Detroit State MI Zip Code 48234 Purpose of Disbursement Contribution to Local Candidate Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: B42BBB8DF6C03456BA65 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
C. Full Name (Last, First, Middle Initial) Corriveau Leadership Fund <hr/> Mailing Address PO Box 5251 <hr/> City Northville State MI Zip Code 48167 Purpose of Disbursement Contribution to State Independent PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: BBC13540375724E2CBA5 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Cte Harold Haugh State Representative #4</p> <p>Mailing Address 19464 Candlelight</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement Harold Haugh, State House, 42nd District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8BC5097380124AD086A</p> <p>Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Cte Harold Haugh State Representative #4</p> <p>Mailing Address 19464 Candlelight</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement Harold Haugh, State House, 42nd district, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBB57AF611F564B8CB46</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Cte Jimmy Womack For State Rep</p> <p>Mailing Address 2310 W. McNichols Road</p> <p>City Detroit State MI Zip Code 48221</p> <p>Purpose of Disbursement Jimmy Womack, State House, 7th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BFB0685012BB042F3934</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) CTE Justice Alton Thomas Davis <hr/> Mailing Address PO Box 10120 <hr/> City Lansing State MI Zip Code 48901 <hr/> Purpose of Disbursement Alton Thomas Davis, Supreme Ct Justice, MI Candidate Name	Transaction ID: BA0FF061488B341F7A89 Date of Disbursement 09 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		<input type="text"/> Category/Type
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CTE Virgil Smith State Senator <hr/> Mailing Address 20445 Sheffield <hr/> City Detroit State MI Zip Code 48221 <hr/> Purpose of Disbursement Virigl Smith, State Senate, 4th District, MI Candidate Name	Transaction ID: B5A4089CD954240DDA04 Date of Disbursement 07 / 19 / 2010 <hr/> Amount of Each Disbursement this Period 4000.00	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		<input type="text"/> Category/Type
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CTE Virgil Smith State Senator <hr/> Mailing Address 20445 Sheffield <hr/> City Detroit State MI Zip Code 48221 <hr/> Purpose of Disbursement VOID: Check No. 6025, Issued 10/21/09 Candidate Name	Transaction ID: B8655AA81D523435C9AB Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period -2500.00	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		<input type="text"/> Category/Type
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CTE Virgil Smith State Senator	Transaction ID: BBEBA9CB14EF847809A0
	Mailing Address 20445 Sheffield	Date of Disbursement MM / DD / YYYY 09 / 30 / 2010
	City Detroit State MI Zip Code 48221	Amount of Each Disbursement this Period -2000.00
	Purpose of Disbursement VOID: Check No. 6266, Issued 6/8/10	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District: Michigan2010	

B.	Full Name (Last, First, Middle Initial) Dave Hildenbrand for State Senate	Transaction ID: BB356844F9F714DF2B3C
	Mailing Address PO Box 1075	Date of Disbursement MM / DD / YYYY 09 / 14 / 2010
	City Grand Rapids State MI Zip Code 49501	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Dave Hildenbrand, State Senate, 29th District, MI	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District: Michigan2010	

C.	Full Name (Last, First, Middle Initial) Dave Hildenbrand for State Senate	Transaction ID: BA634384C575A4E71843
	Mailing Address PO Box 1075	Date of Disbursement MM / DD / YYYY 09 / 23 / 2010
	City Grand Rapids State MI Zip Code 49501	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Dave Hildenbrand, State Senate, 29th District, MI	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District: Michigan2010	

SUBTOTAL of Disbursements This Page (optional)	-500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) David Agema For State Representative</p> <p>Mailing Address P.o. Box 855</p> <p>City Jenison State MI Zip Code 49429</p> <p>Purpose of Disbursement Dave Agema, State House, 74th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B63341D374C884485834</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) David Leyton for Attorney General</p> <p>Mailing Address 503 Mall Court #287</p> <p>City Lansing State MI Zip Code 48912</p> <p>Purpose of Disbursement David Leyton, Attorney General, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA8B4748B5EF24D26A98</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) David Rutledge Election Committee</p> <p>Mailing Address 8585 Durham Court</p> <p>City Ypsilanti State MI Zip Code 48198</p> <p>Purpose of Disbursement David Rutledge, State House, 54th District, mi</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBE8434A6F1DA4592869</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Detroit Regional Chamber Pac Mailing Address P.o. Box 33840 City Detroit State MI Zip Code 48232 Purpose of Disbursement VOID: Check No. 4226, Issued 3/21/05 Candidate Name	Transaction ID: B3AF1D7DB156C48879CB Date of Disbursement 09 / 30 / 2010 Amount of Each Disbursement this Period -1000.00
B. Full Name (Last, First, Middle Initial) Douglas A. Geiss for State Representative Mailing Address 25680 Greenlawn City Taylor State MI Zip Code 48180 Purpose of Disbursement Doug Geiss, State House, 22nd District, MI Candidate Name	Transaction ID: B8587B1CDD04D4236ABF Date of Disbursement 09 / 23 / 2010 Amount of Each Disbursement this Period 500.00
C. Full Name (Last, First, Middle Initial) Douglas A. Geiss for State Representative Mailing Address 25680 Greenlawn City Taylor State MI Zip Code 48180 Purpose of Disbursement Doug Geiss, State House, 22nd district, MI Candidate Name	Transaction ID: BA3C0D063182C4652A3A Date of Disbursement 09 / 29 / 2010 Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) FRED DURHAL 2010 COMMITTEE</p> <p>Mailing Address 5085 UNDERWOOD ST</p> <p>City Detroit State MI Zip Code 48204</p> <p>Purpose of Disbursement Fred Durhal, State House, 6th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAEC80FE899854E3DB18</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends for Scott Dianda</p> <p>Mailing Address PO Box 81</p> <p>City Calumet State MI Zip Code 49913</p> <p>Purpose of Disbursement Scott Dianda, State House, 110th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B94D630ACC9E1434B893</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Alberta Tinsley Talabi</p> <p>Mailing Address 2229 Pennsylvania</p> <p>City Detroit State MI Zip Code 48214</p> <p>Purpose of Disbursement Alberta Tinsley Talabai, State House, 3rd District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B21806FC1419B4BC0946</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Andy Neumann</p> <p>Mailing Address 214 E Dunbar</p> <p>City Alpena State MI Zip Code 49707</p> <p>Purpose of Disbursement VOID: Check No. 6226, Issued 5/12/10</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B532D1069C5D34639B30</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period -600.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Brandon Dillon (State Rep)</p> <p>Mailing Address 1213 LEWISON NE</p> <p>City GRAND RAPIDS State MI Zip Code 49505</p> <p>Purpose of Disbursement Brandon Dillon, State House, 75th district, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAE212D7861A74F9AA89</p> <p>Date of Disbursement 07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Brandon Dillon (State Rep)</p> <p>Mailing Address 1213 LEWISON NE</p> <p>City GRAND RAPIDS State MI Zip Code 49505</p> <p>Purpose of Disbursement Brandon Dillon, State House, 75th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6A6713888DDE43E2ADC</p> <p>Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

400.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 271 / 300

<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. Full Name (Last, First, Middle Initial) Friends of Darwin L Booher <hr/> Mailing Address PO Box 971 <hr/> City Ewart State MI Zip Code 49631 <hr/> Purpose of Disbursement Darwin Booher, State Senate, 35th District, MI Candidate Name	Transaction ID: B3E70238D6E7445119DC Date of Disbursement 09 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
		Category/ Type	
B. Full Name (Last, First, Middle Initial) Friends Of Deb Kennedy <hr/> Mailing Address 19034 Seaton Drive <hr/> City Brownstown State MI Zip Code 48193 <hr/> Purpose of Disbursement Deb Kennedy, State House, 23rd District, MI Candidate Name	Transaction ID: B933D110954A149D590D Date of Disbursement 09 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 500.00		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
		Category/ Type	
C. Full Name (Last, First, Middle Initial) Friends Of Deb Kennedy <hr/> Mailing Address 19034 Seaton Drive <hr/> City Brownstown State MI Zip Code 48193 <hr/> Purpose of Disbursement Deb Kennedy, State House, 23rd District, MI Candidate Name	Transaction ID: B357ECC2648E54311ADD Date of Disbursement 09 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 500.00		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
		Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Friends Of Eileen Kowall <hr/> Mailing Address 2333 Cumberland Road <hr/> City White Lake State MI Zip Code Purpose of Disbursement Eileen Kowall, State House, 44th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: B88641ACF6E6A422081E Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 600.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Friends of Gabe Leland <hr/> Mailing Address 19403 W Warren Apt 2 <hr/> City Detroit State MI Zip Code 48228 Purpose of Disbursement Gabe Leland, State House, 10th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: BCA448A696FB74742A3A Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 400.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Friends of Jeff Mayes Senate <hr/> Mailing Address 4297 Zander Dr <hr/> City Bay City State MI Zip Code 48706 Purpose of Disbursement Jeff Mayes, State Senate, 31st District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: B035137933577482B87D Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Jim Ananich</p> <p>Mailing Address 932 Maxine</p> <p>City Flint State MI Zip Code 48503</p> <p>Purpose of Disbursement Jim Ananich, State House, 49th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA71221009ED24620B51</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Jim Stamas</p> <p>Mailing Address 5915 Eastman Ave Ste 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Jim Stamas, State House, 98th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF406C3D695724720B8A</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Jon Switalski</p> <p>Mailing Address 31705 Forest Lane</p> <p>City Warren State MI Zip Code 48093</p> <p>Purpose of Disbursement Jon Switalski, State House, 25th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B79700B058CD24B08A51</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Kate Segal</p> <p>Mailing Address 108 Pinehurst Lane</p> <p>City State Zip Code Battle Creek MI 49015</p> <p>Purpose of Disbursement Kate Segal, State House, 62nd District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBBD55D2115884CA9BCE Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Lisa Brown</p> <p>Mailing Address Po Box 251532</p> <p>City State Zip Code West Bloomfield MI 48325</p> <p>Purpose of Disbursement Lisa Brown, State House, 39th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B75814DDF3C3345CA82A Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Lisa Brown</p> <p>Mailing Address Po Box 251532</p> <p>City State Zip Code West Bloomfield MI 48325</p> <p>Purpose of Disbursement Lisa Brown, State House, 39th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4039663D7AAB4148B01 Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Lisa Posthumus Lyons</p> <p>Mailing Address 12020 100th Street</p> <p>City Alto State MI Zip Code 49302</p> <p>Purpose of Disbursement Lisa Lyons Posthumus, State House, 86th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5D205E60D1D940E8BDF</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Marilyn Lane</p> <p>Mailing Address 16558 Wood Lane</p> <p>City Fraser State MI Zip Code 48026</p> <p>Purpose of Disbursement Marilyn Lane, State House, 31st District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4FCE12F4D34844B98B9</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Mike Kowall</p> <p>Mailing Address 2333 Cumberland Dr.</p> <p>City White Lake State MI Zip Code 48383</p> <p>Purpose of Disbursement Mike Kowall, State Senate, 15th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6C45F96A56E04BF593A</p> <p>Date of Disbursement 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Mike Kowall</p> <p>Mailing Address 2333 Cumberland Dr.</p> <p>City White Lake State MI Zip Code 48383</p> <p>Purpose of Disbursement Mike Kowall, State Senate, 15th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0A419DCACC8746719C6</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Morris Hood</p> <p>Mailing Address 8872 Cloverlawn St</p> <p>City Detroit State MI Zip Code 48204</p> <p>Purpose of Disbursement Morris Hood, State Senate. 3rd District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2387E509C68A4A5385A</p> <p>Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Paul Clemente</p> <p>Mailing Address 2235 Fort Park Blvd</p> <p>City Lincoln Park State MI Zip Code 48146</p> <p>Purpose of Disbursement Paul Clemente, State House, 14th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6163605C64D44D718EE</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Rashida Tlaib</p> <p>Mailing Address Po Box 9380</p> <p>City Detroit State MI Zip Code 48209</p> <p>Purpose of Disbursement Rashida Tlaib, State House, 12th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCAFF64CF655B418B879</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Richard Hammel</p> <p>Mailing Address 6343 W. Clovis</p> <p>City Flushing State MI Zip Code 48433</p> <p>Purpose of Disbursement Richard Hammel, State House, 48th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B32961BF1D00E4B5092E</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Roger Kahn For Senate</p> <p>Mailing Address Po Box 1627</p> <p>City Saginaw State MI Zip Code 48605</p> <p>Purpose of Disbursement Roger Kahn, State Senate, 32nd District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0A7C0901C8B74D2E9DF</p> <p>Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Roy Schmidt</p> <p>Mailing Address 1127 Vaness Nw</p> <p>City Grand Rapids State MI Zip Code 49504</p> <p>Purpose of Disbursement Roy Schmidt, State House, 76th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B75897D9BFCA44D04879</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Rudy Hobbs</p> <p>Mailing Address PO Box 3353</p> <p>City Southfield State MI Zip Code 48037</p> <p>Purpose of Disbursement Rudy Hobbs, State House, 35th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDB5217A54FFA4325B18</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Sean McCann</p> <p>Mailing Address PO Box 50811</p> <p>City Kalamazoo State MI Zip Code 49008</p> <p>Purpose of Disbursement Sean McCann, State House, 60th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0073A37B62104D04AD8</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends To Elect Dian Slavens</p> <p>Mailing Address Po Box 87212</p> <p>City Canton State MI Zip Code 48187</p> <p>Purpose of Disbursement Dian Slavens, State House, 21st District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4A51569FF2724CF5B98</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends To Elect Sharon Tyler</p> <p>Mailing Address 886 Plym Road</p> <p>City Niles State MI Zip Code 49120</p> <p>Purpose of Disbursement Sharon Tyler, State House, 78th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B42993278AFA948359BF</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Fund for a Republican Majority</p> <p>Mailing Address 5420 Beckley Road #236</p> <p>City Battle Creek State MI Zip Code 49015</p> <p>Purpose of Disbursement Contribution to State Independent PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4D22110B32EF40F1BAD</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Fund for a Republican Majority</p> <p>Mailing Address 5420 Beckley Road #236</p> <p>City Battle Creek State MI Zip Code 49015</p> <p>Purpose of Disbursement Contribution to State PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B06F4DF2D28B3473E8D2</p> <p>Date of Disbursement 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) George T Darany for State Rep</p> <p>Mailing Address 17835 Oakwood</p> <p>City Dearborn State MI Zip Code 48124</p> <p>Purpose of Disbursement Georg T Darany, State House, 15th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BFA3D8E31FFF7431F8A3</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Goeff Hansen for Senate</p> <p>Mailing Address PO Box 167</p> <p>City Hart State MI Zip Code 49420</p> <p>Purpose of Disbursement Goeff Hansen, State Senate, 34th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2F97C6920F0543FF969</p> <p>Date of Disbursement 07 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 550.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6050.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Great Southwest Fund, The Mailing Address P.o. Box 14081 City Lansing State MI Zip Code 48901 Purpose of Disbursement Contribution to State PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B9A59A402D3044BED9E1 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2010
	Amount of Each Disbursement this Period 1000.00

B. Full Name (Last, First, Middle Initial) Hoon-Yung Hopgood for State Senate Mailing Address 10815 Westlake Street City Taylor State MI Zip Code 48180 Purpose of Disbursement Hoon-Yung Hopgood, State Senate, 8th District, MI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: BE6EDA274DBFD4312B30 Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2010
	Amount of Each Disbursement this Period 1000.00

C. Full Name (Last, First, Middle Initial) Hoon-Yung Hopgood for State Senate Mailing Address 10815 Westlake Street City Taylor State MI Zip Code 48180 Purpose of Disbursement Hoon-Yung Hopgood, State Senate, 8th District, MI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: BDE7C881569E041FF91E Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	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) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) House Republican Campaign Committee Mailing Address P.o. Box 15035 City Lansing State MI Zip Code 48901 Purpose of Disbursement Contribution to State PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: B8F1EBED650324A43956 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	State: District: Michigan2010
B. Full Name (Last, First, Middle Initial) Hunter Leadership Fund Mailing Address 24461 Pembroke City Detroit State MI Zip Code 48219 Purpose of Disbursement Contribution to State PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: BAA4A9973AAC94BE7B5B Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	State: District: Michigan2010
C. Full Name (Last, First, Middle Initial) Hunter Leadership Fund Mailing Address 24461 Pembroke City Detroit State MI Zip Code 48219 Purpose of Disbursement VOID: Check No. 6292, Issued 6/29/10 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: B878B50E85D2D4EC8AEE Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period -1000.00
	Category/ Type
	State: District: Michigan2010

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) JASON ALLEN FOR CONGRESS</p> <p>Mailing Address 5265 OLD STAGECOACH DRIVE</p> <p>City ALANSON State MI Zip Code 49706</p> <p>Purpose of Disbursement Recount</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p>Transaction ID: B7BEADC9E2D4B476DB4A</p> <p>Date of Disbursement 08 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Jeff Irwin for State Rep</p> <p>Mailing Address 2542 Bellwood</p> <p>City Ann Arbor State MI Zip Code 48104</p> <p>Purpose of Disbursement Jeff Irwin, State House, 53rd District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010</p>	<p>Transaction ID: BE489CB791A0F44D7866</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Jennifer Haase For State Representative</p> <p>Mailing Address 34886 Maplewood Lane</p> <p>City Richmond State MI Zip Code 48062</p> <p>Purpose of Disbursement Jennifer Haase, State House, 32nd District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010</p>	<p>Transaction ID: BB5BB350881784175BF2</p> <p>Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

<p>A. Full Name (Last, First, Middle Initial) Jennifer Haase For State Representative</p> <p>Mailing Address 34886 Maplewood Lane</p> <p>City Richmond State MI Zip Code 48062</p> <p>Purpose of Disbursement Jennifer Haase, State House, 32nd District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B01971787C8CA4122828</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Jim Marleau for State Senate</p> <p>Mailing Address 3181 Sandoval</p> <p>City Lake Orion State MI Zip Code 48360</p> <p>Purpose of Disbursement Jim Marleau, State Senate, 12th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF147233EE7B0480782B</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Jim Marleau for State Senate</p> <p>Mailing Address 3181 Sandoval</p> <p>City Lake Orion State MI Zip Code 48360</p> <p>Purpose of Disbursement Jim Marleau, State Senate, 12th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA28EA0ACF03F4C439D5</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Jocelyn Benson for Secretary of State <hr/> Mailing Address PO Box 441181 <hr/> City Detroit State MI Zip Code 48226 <hr/> Purpose of Disbursement Jocelyn Benson, Secretary of State, MI Candidate Name	Transaction ID: B3D3387303C934F10BC5 Date of Disbursement 08 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		Category/Type
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Joe Haveman for State Rep <hr/> Mailing Address PO Box 457 <hr/> City Zeeland State MI Zip Code 49464 <hr/> Purpose of Disbursement Joe Haveman, State House, 90th District, MI Candidate Name	Transaction ID: B398961267DDF45F09AF Date of Disbursement 09 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 500.00	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		Category/Type
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John Moolenaar For State Senate <hr/> Mailing Address 5915 Eastman Ave Ste 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement John Moolenaar, State Senate, 36th District, MI Candidate Name	Transaction ID: B4E184D3083514E9A988 Date of Disbursement 09 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		Category/Type
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial) John Olumba for Hope <hr/> Mailing Address 18410 Wexford <hr/> City Detroit State MI Zip Code 48234 <hr/> Purpose of Disbursement John Olumba, State House, 5th District, MI Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: BAAF1071C30474744985 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>	
	Full Name (Last, First, Middle Initial) Judy Emmons for State Senate <hr/> Mailing Address 506 E. Carson City Rd <hr/> City Sheridian State MI Zip Code 48884 <hr/> Purpose of Disbursement Judy Emmons, State Senate, 33rd District, MI Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: B506D400C4C5A48D7B05 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>	
Full Name (Last, First, Middle Initial) Ken Cotter for State Representative <hr/> Mailing Address 2767 Eland Ct <hr/> City Mt Pleasant State MI Zip Code 48858 <hr/> Purpose of Disbursement Kevin Cotter, State House, 99th District, MI Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: B0E60ECCED30F43E88B6 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
Amount of Each Disbursement this Period <input type="text" value="500.00"/>		

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="1500.00"/>
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Ken Yonker for State Rep</p> <p>Mailing Address 8300 Patterson Ave SE</p> <p>City Caledonia State MI Zip Code 49316</p> <p>Purpose of Disbursement Ken Yonker, State House, 72nd District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0C84DF229F11415DB4B</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kenneth Kurtz for State Rep</p> <p>Mailing Address 233 W. Pearl St</p> <p>City Coldwater State MI Zip Code 49036</p> <p>Purpose of Disbursement Kenneth Kurtz, State House, 58th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD98F78F1FBA34E22AF4</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Leadership Under New Direction Fund</p> <p>Mailing Address PO Box 12342 Apt 902</p> <p>City Lansing State MI Zip Code 48901</p> <p>Purpose of Disbursement Contribution to State Independent PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE597997ACF1B4649BB3</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial) Lee Gonzales Team <hr/> Mailing Address 2460 Murphy <hr/> City Flint State MI Zip Code 48504 <hr/> Purpose of Disbursement Fred Durhal, State House, 49th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: BAA91AF10127E46F2AB4 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
B. Full Name (Last, First, Middle Initial) Marcia Hovey Wright for State Rep <hr/> Mailing Address 452 West Webster Ave <hr/> City Muskegon State MI Zip Code 49440 <hr/> Purpose of Disbursement Marcia Hovey-Wright, State House, 92nd District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: B74178E0665484568AFD Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
C. Full Name (Last, First, Middle Initial) Mark Meadows For State Representative <hr/> Mailing Address P.o. Box 4041 <hr/> City East Lansing State MI Zip Code 48826 <hr/> Purpose of Disbursement Mark Meadows, State House, 69th District, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: B823EACBA29CA49D0B04 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial) Martin Griffin For State Representative <hr/> Mailing Address 705 S. Grinnell <hr/> City Jackson State MI Zip Code 49203 <hr/> Purpose of Disbursement Martin Griffin, State House, 64th District, MI Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: B47BABDE6B8234211B99 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>	
	B. Full Name (Last, First, Middle Initial) Michael Lahti for State Senate Committee <hr/> Mailing Address PO Box 598 <hr/> City Hancock State MI Zip Code 49930 <hr/> Purpose of Disbursement Michael Lahti, State Senate, 38th District, MI Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: B91E02E179B7B4FFB978 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="500.00"/>	
C. Full Name (Last, First, Middle Initial) Mike Callton for State Rep <hr/> Mailing Address PO Box 676 <hr/> City Nashville State MI Zip Code 49073 <hr/> Purpose of Disbursement Mike Callton, State House, 87th District, MI Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010	Transaction ID: BB391C4D72D204E8485E Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
Amount of Each Disbursement this Period <input type="text" value="500.00"/>		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1500.00"/>
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial) Mike Huckleberry For State Representativ Mailing Address 1738 Vining Road City Greenfield State MI Zip Code 48838 Purpose of Disbursement Mike Huckleberry, State House, 70th District, MI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: BE2F3C24218724165ACF Date of Disbursement 08 / 17 / 2010
	Amount of Each Disbursement this Period 400.00
B. Full Name (Last, First, Middle Initial) Mike Huckleberry For State Representativ Mailing Address 1738 Vining Road City Greenfield State MI Zip Code 48838 Purpose of Disbursement Mike Huckleberry, State House, 70th Dist., MI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B381EA17CB78A4D1CA12 Date of Disbursement 09 / 09 / 2010
	Amount of Each Disbursement this Period 600.00
C. Full Name (Last, First, Middle Initial) Oakland Leadership Fund Mailing Address PO Box 11 City Novi State MI Zip Code 48376 Purpose of Disbursement Contribution to State Independent PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B781242ECDF4A4B51A9F Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

<p>A. Full Name (Last, First, Middle Initial) Paul H Scott for State Representative</p> <p>Mailing Address PO Box 193</p> <p>City Grand Blanc State MI Zip Code 48439</p> <p>Purpose of Disbursement Paul Scott, State House, 51st District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B31AEF5CCF0DD4171B90</p> <p>Date of Disbursement 09 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Paul Muxlow For State Representative</p> <p>Mailing Address Box 70</p> <p>City Brown City State MI Zip Code 48416</p> <p>Purpose of Disbursement Paul Muxlow, State House, 83rd District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE2DBD92F302C4469BCD</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Paul Opsommer For State Representative</p> <p>Mailing Address 315 E. Main St.</p> <p>City Dewitt State MI Zip Code 48820</p> <p>Purpose of Disbursement Paul Opsommer, State House, 93rd District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B79C2BC0251294D44995</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

<p>A. Full Name (Last, First, Middle Initial) Phil Cavanagh for State Rep</p> <p>Mailing Address 12126 Centralia</p> <p>City Redford Twp State MI Zip Code 48239</p> <p>Purpose of Disbursement Phil Cavanagh, State House, 17th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8A3B500AFCAC48CAA38</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Phil Pavlov for State Senate</p> <p>Mailing Address 4126 Yankee Road</p> <p>City St. Clair State MI Zip Code 48079</p> <p>Purpose of Disbursement Phil Pavlov, State Senate, 25th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCCB3AA0D87774063B89</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Phil Pavlov for State Senate</p> <p>Mailing Address 4126 Yankee Road</p> <p>City St. Clair State MI Zip Code 48079</p> <p>Purpose of Disbursement Phil Pavlov, State Senate, 25th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B929D77FD42DC481D95A</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial) Phil Pavlov for State Senate <hr/> Mailing Address 4126 Yankee Road <hr/> City St. Clair State MI Zip Code 48079 <hr/> Purpose of Disbursement Phil Pavlov, State Senate, 25th District, MI Candidate Name	Transaction ID: BF0703921B85C45CB8B9 Date of Disbursement 09 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
		Category/Type	
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	
B. Full Name (Last, First, Middle Initial) Randy Richardville For Senate <hr/> Mailing Address P.o. Box 1631 <hr/> City Monroe State MI Zip Code 48161 <hr/> Purpose of Disbursement Randy Richardville, State Senate, 17th District, MI Candidate Name	Transaction ID: BAD6D63FCF8434549801 Date of Disbursement 08 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 550.00		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
		Category/Type	
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	
C. Full Name (Last, First, Middle Initial) Rebekah Warren for State Senate <hr/> Mailing Address 234 Eighth Street <hr/> City Ann Arbor State MI Zip Code 48103 <hr/> Purpose of Disbursement Rebekah Warren, State Senate, 18th District, MI Candidate Name	Transaction ID: B36A2C0DD3D364D479A9 Date of Disbursement 09 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
		Category/Type	
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	

SUBTOTAL of Disbursements This Page (optional) ▶

3550.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial) Richardville Leadership Fund <hr/> Mailing Address PO Box 1631 <hr/> City Monroe State MI Zip Code 48161 <hr/> Purpose of Disbursement Contribution to State Independent PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: BF6F6B57B08904C56AAF Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 9000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
B. Full Name (Last, First, Middle Initial) Rick Jones For State Senate <hr/> Mailing Address P O Box 115 <hr/> City Grand Ledge State MI Zip Code 48837 <hr/> Purpose of Disbursement Rick Jones, State Senate, 24th district, MI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: B0B38314ADE4C4EA081E Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
C. Full Name (Last, First, Middle Initial) Rocc Pac <hr/> Mailing Address 803 Lexington Blvd. <hr/> City Royal Oak State MI Zip Code 48073 <hr/> Purpose of Disbursement Contribution to Local PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	Transaction ID: B6A94922581A34136AF8 Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

<p>A. Full Name (Last, First, Middle Initial) Ruth Johnson for Michigan</p> <p>Mailing Address 11750 Eagle Road</p> <p>City Davisburg State MI Zip Code 48350</p> <p>Purpose of Disbursement Ruth Johnson, Secretary of State, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B84DBEFA2459D4EEEE858</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Sarah Roberts For State Representative</p> <p>Mailing Address Po Box 643</p> <p>City St Clair Shores State MI Zip Code 48080</p> <p>Purpose of Disbursement Sarah Roberts, State House, 24th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF2EA0F05D58B4E65BA2</p> <p>Date of Disbursement 07 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Sarah Roberts For State Representative</p> <p>Mailing Address Po Box 643</p> <p>City St Clair Shores State MI Zip Code 48080</p> <p>Purpose of Disbursement Sarah Roberts, State House, 24th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE1CB427F6D9B4F88A93</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5900.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

A.	Full Name (Last, First, Middle Initial) Senate Democratic Fund	Transaction ID: B4E699DECB62E4A75A36
	Mailing Address P.o. Box 111	Date of Disbursement 07 / 18 / 2010
	City Lansing State MI Zip Code 48909	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution to State Independent PAC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District: Michigan2010	

B.	Full Name (Last, First, Middle Initial) Senate Democratic Fund	Transaction ID: B7A6597F747FA44E4B36
	Mailing Address P.o. Box 111	Date of Disbursement 09 / 30 / 2010
	City Lansing State MI Zip Code 48909	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement VOID: Check No. 4402, Issued 9/1/05	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District: Michigan2006	

C.	Full Name (Last, First, Middle Initial) Senate Republican Campaign Committee	Transaction ID: B4AEE8F82760B448293D
	Mailing Address 520 Seymour Street 2nd Floor	Date of Disbursement 08 / 11 / 2010
	City Lansing State MI Zip Code 48933	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution to State Independent PAC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District: Michigan2010	

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

<p>A. Full Name (Last, First, Middle Initial) Senate Republican Campaign Committee</p> <p>Mailing Address 520 Seymour Street 2nd Floor</p> <p>City Lansing State MI Zip Code 48933</p> <p>Purpose of Disbursement Contribution to State Independent PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010</p>	<p>Transaction ID: BDE8B058E33E044269E5</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p>B. Full Name (Last, First, Middle Initial) Switalski Victory Fund</p> <p>Mailing Address 31705 Forest Lane</p> <p>City Warren State MI Zip Code 48093</p> <p>Purpose of Disbursement Contribution to State PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010</p>	<p>Transaction ID: B0947615972584396866</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Tonya Schuitmaker for State Senate</p> <p>Mailing Address PO Box 1116</p> <p>City Portage State MI Zip Code 49081</p> <p>Purpose of Disbursement Tonya Schuitmaker, State Senate, 20th District, MI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Michigan2010</p>	<p>Transaction ID: B06975462690948399EE</p> <p>Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial) Tupac Hunter For State Senate <hr/> Mailing Address 24461 Pembroke Ave. <hr/> City Detroit State MI Zip Code 48219 <hr/> Purpose of Disbursement Tupac Hunter, State Senate, 5th District, MI Candidate Name	Transaction ID: BE1AC0870DEE44977BA9 Date of Disbursement 09 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		Category/Type
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Upper Peninsula Voice <hr/> Mailing Address 75 North Shore Drive <hr/> City Ishpeming State MI Zip Code 49849 <hr/> Purpose of Disbursement Contribution to State Independent PAC Candidate Name	Transaction ID: B845E35D27A0E492FA23 Date of Disbursement 08 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		Category/Type
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Vincent Gregory for Senate <hr/> Mailing Address 29501 Red Leaf Dr <hr/> City Southfield State MI Zip Code 48076 <hr/> Purpose of Disbursement Vincent Gregory, State Senate, 14th District, MI Candidate Name	Transaction ID: BF5E3B5616CED48329BA Date of Disbursement 09 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00	
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Michigan2010 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
		Category/Type
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial) Vincent Gregory for Senate <hr/> Mailing Address 29501 Red Leaf Dr <hr/> City Southfield State MI Zip Code 48076 <hr/> Purpose of Disbursement Vincent Gregory, State Senate, 14th District, MI Candidate Name	Transaction ID: B9FFD1B1E16314E4F86C Date of Disbursement 09 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
		Category/Type	
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	
B. Full Name (Last, First, Middle Initial) Virg Bernero for Michigan <hr/> Mailing Address PO Box 10067 <hr/> City Lansing State MI Zip Code 48901 <hr/> Purpose of Disbursement Virg Bernero, Governor, MI Candidate Name	Transaction ID: BF4E68CAD0AA645EE942 Date of Disbursement 09 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 10000.00		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
		Category/Type	
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	
C. Full Name (Last, First, Middle Initial) Whitmer Leadership PAC <hr/> Mailing Address PO Box 11063 <hr/> City Lansing State MI Zip Code 48901 <hr/> Purpose of Disbursement Contribution to State Independent PAC Candidate Name	Transaction ID: BFBFF1CE2C69A4D97965 Date of Disbursement 09 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 4000.00		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010
		Category/Type	
		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Michigan2010	

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 300 / 300

<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.

Full Name (Last, First, Middle Initial)
Whitmer Leadership PAC

Transaction ID: B08AF3B2A671B4EE8B2C

Date of Disbursement

Mailing Address PO Box 11063

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

City State Zip Code
Lansing MI 48901

Amount of Each Disbursement this Period

-2500.00

Purpose of Disbursement
VOID: Check No. 4967, Issued 11/1/06

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Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Michigan2006

SUBTOTAL of Disbursements This Page (optional) ►

-2500.00

TOTAL This Period (last page this line number only) ►

156925.00
