

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Keaney, Ray, J, ,

Mailing Address 1310 G Street, NW

City
Washington

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Cross and Blue Shield Association

Occupation (for Individual)
Technical Architect I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2019

Transaction ID : 2019121115175-120

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Keaney, Ray, J, ,

Mailing Address 1310 G Street, NW

City
Washington

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Cross and Blue Shield Association

Occupation (for Individual)
Technical Architect I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2019

Transaction ID : 2019122314376-120

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Keck, Kim, , ,

Mailing Address 1310 G Street, NW

City
Washington

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BCBS of Rhose Island

Occupation (for Individual)
Presidents Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2340.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2019

Transaction ID : 2019070916375-5

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

110.00