

# **SCHEDULE 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. Keck, Kim, , ,**

Mailing Address 500 Exchange St

City  
Providence

State  
RI

Zip Code  
02903-2630

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2020

**Transaction ID : 2020040115296-6**

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

**B. Keck, Kim, , ,**

Mailing Address 500 Exchange St

City  
Providence

State  
RI

Zip Code  
02903-2630

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2020

**Transaction ID : 202004171715-6**

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

**C. Koewler, Julie, Lynn, ,**

Mailing Address 225 N Michigan Ave

City  
Chicago

State  
IL

Zip Code  
60601-7757

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
VP Brand Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2020

**Transaction ID : 2020033115375-45**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

230.00