

# **SCHEDULE 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)

**Blue Cross Blue Shield of South Carolina Federal Government Programs**

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

**A. Gimmi, Robert, J., ,**

Mailing Address 1101 F Ave

City  
Cayce

State  
SC

Zip Code  
29033-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

001 BlueCross and BlueShield of South

Occupation (for Individual)

Teamlead, Senior Technical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2019

**Transaction ID : ACC02F4A2C79E4A21A53**

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

**B. Jennings, William, , , Jr.**

Mailing Address 346 Limestone Rd

City  
Chapin

State  
SC

Zip Code  
29036-8600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

001 BlueCross and BlueShield of South

Occupation (for Individual)

VP, Clinical Quality CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.50

Date of Receipt

06 / 21 / 2019

**Transaction ID : AE53EEC8F336E475B973**

Amount of Each Receipt this Period

240.50

☐ Memo Item

Payroll Deduction: \$18.50/Bi-Weekly

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

**C. Faulds, Candy, H., ,**

Mailing Address 527 Juanita Drive

City  
Florence

State  
SC

Zip Code  
29501-5723

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

001 BlueCross and BlueShield of South

Occupation (for Individual)

Director, Claims Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 21 / 2019

**Transaction ID : A4777696114934053814**

Amount of Each Receipt this Period

260.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

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

760.50