

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

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

FOR LINE NUMBER: PAGE 10 OF 124

(check only one)

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

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

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

A. Middleton, Darrell, , ,

Mailing Address 5669 Shore Dr

City

Orchard Lake

State

MI

Zip Code

48324-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Michigan

Occupation (for Individual)

EVP Ops &amp; Business Perform

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2020

Transaction ID : A1886106EB613419DA14

Amount of Each Receipt this Period

600.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

B. Corless, Lisa, , ,

Mailing Address 3945 Turnberry Lane

City

Okemos

State

MI

Zip Code

48864-4177

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Accident Fund Holdings, Inc.

Occupation (for Individual)

President &amp; CEO, AF Group

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2020

Transaction ID : A663E5F1B9B8C47599A8

Amount of Each Receipt this Period

500.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Rossi, Lynda, , ,

Mailing Address 1066 Foxborough Dr

City

Williamston

State

MI

Zip Code

48895-9206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Michigan

Occupation (for Individual)

EVP Strgy Govern &amp; Pub Aff

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2020

Transaction ID : A01D83CE69B594620B27

Amount of Each Receipt this Period

600.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

1700.00

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