

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

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

FOR LINE NUMBER: PAGE 19 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. Wotlinski, Nicole, , ,

Mailing Address 3740 High Grove Way

City

Lake Orion

State

MI

Zip Code

48360-1572

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Michigan

Occupation (for Individual)

VP and Deputy General Counsl

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID : A8676BE47BB284500A46

Amount of Each Receipt this Period

240.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

B. Fava, Janet, , ,

Mailing Address 1094 Whisper Way Ct

City

Troy

State

MI

Zip Code

48098-4419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Michigan

Occupation (for Individual)

VP Prod Dev &amp; Market Solutns

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID : A99EAB12A1C6D4437A1B

Amount of Each Receipt this Period

240.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

C. Armstrong, Brian, , ,

Mailing Address 1363 North Creek Dr

City

Wixom

State

MI

Zip Code

48393-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Michigan

Occupation (for Individual)

VP CIO Health Plan Business

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID : AB509EB4EAFDC446CBEA

Amount of Each Receipt this Period

240.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

720.00

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