

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

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

FOR LINE NUMBER: PAGE 107 OF 298

(check only one)

☒ 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  
ProvidenceState  
RIZip Code  
02903-2630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBS of Rhose IslandOccupation (for Individual)  
Presidents Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : 2019053010215-5

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  
ProvidenceState  
RIZip Code  
02903-2630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBS of Rhose IslandOccupation (for Individual)  
Presidents Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2019

Transaction ID : 2019061121215-5

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

C. Keck, Kim, , ,

Mailing Address 500 Exchange St

City  
ProvidenceState  
RIZip Code  
02903-2630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBS of Rhose IslandOccupation (for Individual)  
Presidents Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2019

Transaction ID : 2019062611415-5

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

270.00

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