

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)

PAGE 112 OF 363

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. McDonnell, Robert, , ,

Mailing Address 1471 Marlowe St

City
Canton

State
MI

Zip Code
48187-3179

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Cross Blue Shield of Michigan

Occupation (for Individual)
IT Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2019

Transaction ID : A7BF75FD34D154A89A69

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. Haar, Elizabeth, , ,

Mailing Address 12921 N Territorial Rd

City
Dexter

State
MI

Zip Code
48130-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Cross Blue Shield of Michigan

Occupation (for Individual)
EVP & Pres. Emerging Markets

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3640.00

Date of Receipt

12 / 19 / 2019

Transaction ID : A27CDA4A04E67487EB70

Amount of Each Receipt this Period

1820.00

☐ Memo Item

Payroll Deduction: \$140.00/Bi-Weekly

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

C. Walsh, Kimberly, , ,

Mailing Address 1731 Waverly Rd.

City
Ann Arbor

State
MI

Zip Code
48103-5649

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Cross Blue Shield of Michigan

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2019

Transaction ID : A0872C468EADB49ACAEF

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).....▶

2340.00