

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 117 OF 363  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Crosby, Chad, , ,**

Mailing Address 23764 Copperwood Dr E

City  
South LyonState  
MIZip Code  
48178-8269FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of MichiganOccupation (for Individual)  
Sr Dir Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	19	2019

**Transaction ID : AE71E50E46FD34697A28**

Amount of Each Receipt this Period

416.00

☐ Memo Item

Payroll Deduction: \$32.00/Bi-Weekly

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

**B. Eckert, Michael, , ,**

Mailing Address 2595 Parkway PI

City  
HartlandState  
MIZip Code  
48353-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Accident Fund Holdings, Inc.Occupation (for Individual)  
Director, Loss Control

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	19	2019

**Transaction ID : A70EACC85BBC341EF830**

Amount of Each Receipt this Period

416.00

☐ Memo Item

Payroll Deduction: \$32.00/Bi-Weekly

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

**C. Goldberg, Steven, , ,**

Mailing Address 23051 Fox Creek

City  
Farmington HillsState  
MIZip Code  
48335-2738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of MichiganOccupation (for Individual)  
Dir Consumer Transparency

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	19	2019

**Transaction ID : A2DC9482C82514A829A1**

Amount of Each Receipt this Period

325.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

1157.00

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