

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial)

A. DEBBIE DINGELL FOR CONGRESS

Mailing Address PO BOX 746

City Dearborn State MI Zip Code 48121-0746

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Debbie Dingell

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : **BD492FD8D36EE4F93823**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Upper Hand Fund

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
Contribution to Federal PAC

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼ Other2014

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : **B38928D0F2C414B6FA0E**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MICHIGAN'S FUTURE PAC

Mailing Address PO BOX 402

City Flint State MI Zip Code 48501-0402

Purpose of Disbursement
Contribution to Federal PAC

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼ Other2014

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : **B2A44BBEC9AA84E7189A**

Amount of Each Disbursement this Period

5000.00

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

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

12000.00

34500.00
