

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 140
(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			

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. Dexter, Dell, , ,

Mailing Address 191 Village Way

City
CantonState
MIZip Code
48188-3449FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Cross Blue Shield of MichiganOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	29	2018

Transaction ID : A791FF7D719374B99B6F

Amount of Each Receipt this Period

224.00

☐ Memo Item

Payroll Deduction: \$32.00/Bi-Weekly

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

B. Gemmel, Derek, , ,

Mailing Address 31460 Adora Ln

City
Flat RockState
MIZip Code
48134-3300FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Cross Blue Shield of MichiganOccupation (for Individual)
Director - Regional Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	29	2018

Transaction ID : AA95889398AA24DA99BA

Amount of Each Receipt this Period

224.00

☐ Memo Item

Payroll Deduction: \$32.00/Bi-Weekly

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

C. Moore, Mary, , ,

Mailing Address 24360 Crystal Drive

City
Flat RockState
MIZip Code
48134-8047FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Cross Blue Shield of MichiganOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	29	2018

Transaction ID : AB9DC54A15AFF4591A9F

Amount of Each Receipt this Period

224.00

☐ Memo Item

Payroll Deduction: \$32.00/Bi-Weekly

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

672.00

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