

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

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

FOR LINE NUMBER: PAGE 68 OF 276
(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 (Last, First, Middle Initial)
A. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross and Blue Shield of Minnesot Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
04 / 10 / 2015
Transaction ID : 2015040715940-7

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross and Blue Shield of Minnesot Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
04 / 24 / 2015
Transaction ID : 20150421143010-7

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City Eagan State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross and Blue Shield of Minnesot Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
05 / 08 / 2015
Transaction ID : 20150505144610-9

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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