

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 276
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial) <b>A. Michael Guyette</b>		Date of Receipt MM / DD / YYYY 05 / 22 / 2015 <b>Transaction ID : 2015051913548-9</b>
Mailing Address 3535 Blue Cross Rd		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Guyette</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 <b>Transaction ID : 20150602153726-10</b>
Mailing Address 3535 Blue Cross Rd		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Guyette</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 <b>Transaction ID : 20150616152523-13</b>
Mailing Address 3535 Blue Cross Rd		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	