

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

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

FOR LINE NUMBER:
(check only one)

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

A. Karlsruher, David, M, ,

Mailing Address 1310 G St NW

City
Washington

State
DC

Zip Code
20005-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Cross and Blue Shield Association

Occupation (for Individual)
Dir Grassrts and Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2020

Transaction ID : 2020051217535-97

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Karlsruher, David, M, ,

Mailing Address 1310 G St NW

City
Washington

State
DC

Zip Code
20005-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Cross and Blue Shield Association

Occupation (for Individual)
Dir Grassrts and Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2020

Transaction ID : 202005261816-97

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Keck, Kim, , ,

Mailing Address 500 Exchange St

City
Providence

State
RI

Zip Code
02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BCBS of Rhose Island

Occupation (for Individual)
Presidents Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2020

Transaction ID : 2020050514415-6

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

190.00