

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

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

FOR LINE NUMBER: PAGE 31 OF 71
 (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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. 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 / 15 / 2020

Transaction ID : 2020051221536-6

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

B. 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 / 29 / 2020

Transaction ID : 2020052712215-6

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

C. Keefer, Scott, , ,

Mailing Address 3535 Blue Cross Rd

City
Eagan

State
MN

Zip Code
55122-1154

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : 2020042822295-6

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

205.00