

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 376

<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. Eckert, Michael, , ,**

Mailing Address 2595 Parkway PI

City  
HartlandState  
MIZip Code  
48353-3229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Accident Fund Holdings, Inc.Occupation (for Individual)  
Director, Loss Control

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2017

**Transaction ID : A9260E2488E5247EA858**

Amount of Each Receipt this Period

416.00

☐ Memo Item

Payroll Deduction: \$32.00/Bi-Weekly

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

**B. Crosby, Chad, , ,**

Mailing Address 23764 Copperwood Dr E

City  
South LyonState  
MIZip Code  
48178-8269FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of MichiganOccupation (for Individual)  
Sr Dir Bus Opt & Outcome Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2017

**Transaction ID : A2048580E548F472D9A5**

Amount of Each Receipt this Period

416.00

☐ 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 ▼

832.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2017

**Transaction ID : ADA75B25BB38146C6976**

Amount of Each Receipt this Period

416.00

☐ Memo Item

Payroll Deduction: \$32.00/Bi-Weekly

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

1248.00

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