

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Bluepac - Blue Cross Blue Shield Association Pac

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

A. Hedges, Kari, J, ,

Mailing Address 225 N Michigan Ave

City  
ChicagoState  
ILZip Code  
60601-7757FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross and Blue Shield AssociationOccupation (for Individual)  
SVP Comm Mkts Data Strat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2020

Transaction ID : 2020021816415-46

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Joyce Jr., Mike, , ,

Mailing Address 225 N Michigan Ave

City  
ChicagoState  
ILZip Code  
60601-7757FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross and Blue Shield AssociationOccupation (for Individual)  
VP Chief Aud and Comp Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2020

Transaction ID : 2020021816415-42

Amount of Each Receipt this Period

65.00

☐ Memo Item

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

C. Keck, Kim, , ,

Mailing Address 500 Exchange St

City  
ProvidenceState  
RIZip Code  
02903-2630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BCBS of Rhose IslandOccupation (for Individual)  
Presidents Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2020

Transaction ID : 2020020413454-6

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

230.00

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