

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 36  
(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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2020

Transaction ID : 202002181795-6

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

B. Kolodgy, Bob, J, ,

Mailing Address 225 N Michigan Ave

City  
Chicago

State  
IL

Zip Code  
60601-7757

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
EVP and CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2020

Transaction ID : 202002041795-72

Amount of Each Receipt this Period

110.00

☐ Memo Item

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

C. Kolodgy, Bob, J, ,

Mailing Address 225 N Michigan Ave

City  
Chicago

State  
IL

Zip Code  
60601-7757

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
EVP and CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID : 2020021816415-72

Amount of Each Receipt this Period

110.00

☐ Memo Item

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

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

310.00