

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. 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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2020

Transaction ID : 2020030415455-6

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2020

Transaction ID : 2020031813335-6

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

C. Koewler, Julie, Lynn, ,

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)
VP Brand Strategy

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
03 / 05 / 2020

Transaction ID : 2020030411496-45

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

230.00

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