

**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) | PAGE 57 OF 257 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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)
Bluepac - Blue Cross Blue Shield Association Pac

A. Gauger, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 S Gaines St
 City Little Rock State AR Zip Code 72201-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USABLE Mutual Insurance Company Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2021
Transaction ID : 2021071311375-49
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Gauger, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 S Gaines St
 City Little Rock State AR Zip Code 72201-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USABLE Mutual Insurance Company Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2021
Transaction ID : 2021071311375-50
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Goodrich, William, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Beauclaire Ln
 City Fairport State NY Zip Code 14450-4618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excellus Occupation (for Individual) Board of Directors
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2021
Transaction ID : FF17DE2CFB62426CBFDC
 Amount of Each Receipt this Period
 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1040.00 |
| TOTAL This Period (last page this line number only)..... | |