

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 FEB -1 A 11: 50

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 50 BEALE STREET CITY, STATE and ZIP CODE SAN FRANCISCO, CA 94105-1805	2. FEC IDENTIFICATION NUMBER C00340364 3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)
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4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)

 Termination Report

- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- 12-Day Pre-Election Report for the _____
 (Type of Election)
 election on _____ in the State of _____

 30-Day Post-Election Report following the General Election
 on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/00</u> through <u>12/31/00</u>		
6. (a) Cash on Hand January 1, 2000.....		\$ 2,751.82
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 6,510.07	
(c) Total Receipts (from Line 18).....	\$ 7,709.00	\$ 11,504.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$ 14,219.07	\$ 14,255.82
7. Total Disbursements (from Line 30).....	\$ 6,529.82	\$ 6,566.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	\$ 7,689.25	\$ 7,689.25
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	\$	For further information contact Federal Election Commission 800 E Street, NW Washington, DC 20483 Toll Free 800-424-6530 Local 202-219-5420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer <p style="text-align: center;">RONALD B. HOLROYD</p>	Date
Signature of Treasurer 	January, 30, 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE		FROM 7/1/00	TO 12/31/00
		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11.	Contributions (other than loans) From:		
a.	Individual Persons Other Than Political Committees:		
i.	Itemized (use Schedule A)	3,570.00	4,220.00
ii.	Unitemized	4,139.00	5,284.00
iii.	Total	7,709.00	9,504.00
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions	7,709.00	9,504.00
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		2,000.00
17.	Other Federal Receipts (Dividends, Interest, etc.)		
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts	7,709.00	11,504.00
20.	Total Federal Receipts	7,709.00	11,504.00
II Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4):		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures		
c.	Total Operating Expenditures		
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	6,500.00	6,500.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		5.00
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		5.00
d.	Total Contribution Refunds		5.00
29.	Other Disbursements	29.82	61.57
30.	Total Disbursements	6529.82	6566.57
31.	Total Federal Disbursements	6529.82	6566.57
III Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	7,709.00	9,504.00
33.	Total Contribution Refunds (from line 28d)		5.00
34.	Net Contributions (other than loans) (subtract line 33 from line 32)	7,709.00	9,499.00
35.	Total Federal Operating Expenditures	0	0
36.	Offsets to Operating Expenditures (from line 15)	0	0
37.	Net Operating Expenditures	0	0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(a)(1)

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 SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BONNIE BELAND 5036 PRINCESS ANNE LA CANADA, FLINTRIDGE, CA 91011	BLUE SHIELD OF CALIFORNIA	SEE APPENDIX A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED	Occupation VICE PRESIDENT	Aggregate Year-to-Date > \$ 290.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRUCE BOBAKEN 18 TURTLE ROCK COURT TIBURON, CA 94920	BLUE SHIELD OF CALIFORNIA	SEE APPENDIX A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED	Occupation CHAIRMAN, CEO PRESIDENT	Aggregate Year-to-Date > \$ 725.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICIA BODNE 229 VIA PINADA LANE MARTINEZ, CA 94553	BLUE SHIELD OF CALIFORNIA	8-21-00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED	Occupation SENIOR VP HUMAN RESOURCES	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID BOWEN 281 EAGLE TRACE DRIVE HALFMOON BAY, CA 94019	BLUE SHIELD OF CALIFORNIA	SEE APPENDIX A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED	Occupation SENIOR VP & CHIEF INFO Officer	Aggregate Year-to-Date > \$ 280.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAROL CEDERBURG 9153 SHADY HOLLOW FAIR OAKS, CA 95628	BLUE SHIELD OF CALIFORNIA	SEE APPENDIX A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED	Occupation MEDICAL DIRECTOR NORTHERN CALIFORNIA	Aggregate Year-to-Date > \$ 290.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RITCH EICH 17 LUPINE AVE SAN FRANCISCO, CA 94118	BLUE SHIELD OF CALIFORNIA	9-12-00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED	Occupation DIRECTOR PUBLIC RELATIONS	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES ENGLISH 1707 PORT SHEFFIELD NEWPORT BEACH, CA 92660	BLUE SHIELD OF CALIFORNIA	SEE APPENDIX A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED	Occupation VICE PRESIDENT SALES FOR SOUTHERN, CA	Aggregate Year-to-Date > \$ 290.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF **2**
FOR LINE NUMBER **11(a)(1)**

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NAME OF COMMITTEE (in Full)

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAMELA JOHNSON 166 MADISON AVE SAN BRUNO, CA 94066	BLUE SHIELD OF CALIFORNIA	SEE APPENDIX A	SEE APPENDIX A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED	Occupation DIRECTOR HEALTH SERVICES BUSINESS	Aggregate Year-to-Date > \$ 290.00	
B. Full Name, Mailing Address and ZIP Code ALAN PUZARNE 4401 ELDER AVENUE SEAL BEACH, CA 90740	BLUE SHIELD OF CALIFORNIA	SEE APPENDIX A	SEE APPENDIX A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED	Occupation SENIOR VP PRESIDENT, CBU	Aggregate Year-to-Date > \$ 725.00	
C. Full Name, Mailing Address and ZIP Code JOHN SCHWERIN 3113 RAINTREE CIRCLE CULVER CITY, CA 90230	BLUE SHIELD OF CALIFORNIA	SEE APPENDIX A	SEE APPENDIX A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED	Occupation DIRECTOR PROVIDER RELATIONS	Aggregate Year-to-Date > \$ 290.00	
D. Full Name, Mailing Address and ZIP Code PAUL SNEENSON 131 LASALLE AVE PIEDMONT, CA 94611	BLUE SHIELD OF CALIFORNIA	9-14-00	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED	Occupation EXECUTIVE VICE PRESIDENT, CFO	Aggregate Year-to-Date > \$ 1,500.00	
E. Full Name, Mailing Address and ZIP Code LARRY TALLMAN 472 30TH STREET MANHATTAN BEACH, CA 90266	BLUE SHIELD OF CALIFORNIA	SEE APPENDIX A	SEE APPENDIX A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED	Occupation VICE PRESIDENT NATIONAL ACCOUNTS FOR CBU	Aggregate Year-to-Date > \$ 290.00	
F. Full Name, Mailing Address and ZIP Code KENNETH MOOD 240 HIGHLAND AVE SAN RAFAEL, CA 94901	BLUE SHIELD OF CALIFORNIA	SEE APPENDIX A	SEE APPENDIX A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): UNSPECIFIED	Occupation EXECUTIVE VICE PRESIDENT & COO	Aggregate Year-to-Date > \$ 350.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FEINSTEIN 2000 10350 SANTA MONICA BLVD SUITE 250 LOS ANGELES, CA 90025	DIANE FEINSTEIN U.S. SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-23-00	\$5,000.00
B. Full Name, Mailing Address and ZIP Code CONGRESSMAN MAXMAN CAMPAIGN COMMITTEE, 1 WELL POINT WAY THOUSAND OAKS, CA 91362	HENRY MAXMAN U.S. CONGRESS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-24-00	\$ 500.00
C. Full Name, Mailing Address and ZIP Code CONGRESSMAN DODLEY C/O JAMES WISE TREASURER P.O. BOX 1367 VISALIA, CA 93279	CONGRESSMAN DODLEY U.S. CONGRESS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-29-00	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Appendix A

The individuals listed below are contributing through payroll deduction. The space provided on the FEC Form 3X is not large enough to hold all of the entries during this reporting period. The amount listed has been deducted from the member's pay account on the dates listed.

Name	Amount	Dates
Bonnie Beland	\$10.00	8-10, 8-24, 9-7, 9-21, 10-05, 10-19, 11-02, 11-16 11-25
Total this period	\$90.00	
Bruce Bodaken	\$25.00	7-13, 7-27, 8-10, 8-24, 9-07, 9-21, 10-05, 10-19, 11-02, 11-16, 11-25
Total this period	\$275.00	
David Bowen	\$40.00	11-16, 11-25
Total this period	\$80.00	
Carol Cederburg	\$10.00	8-10, 8-24, 9-07, 9-21, 10-05, 10-19, 11-02, 11-16 11-25
Total this period	\$90.00	
James English	\$10.00	8-10, 8-24, 9-07, 9-21, 10-05, 10-19, 11-02, 11-16 11-25
Total this period	\$90.00	
Pamela Johnson	\$10.00	8-10, 8-24, 9-07, 9-21, 10-05, 10-19, 11-02, 11-16 11-25
Total this period	\$90.00	
Alan Puzarne	\$25.00	7-13, 7-27, 8-10, 8-24, 9-07, 9-21 10-05, 10-19, 11-02, 11-16, 11-25
Total this period	\$275.00	
John Schwerin	\$10.00	8-10, 8-24, 9-07, 9-21, 10-05, 10-19, 11-02, 11-16 11-25
Total this period	\$90.00	
Larry Tallman	\$10.00	8-10, 8-24, 9-07, 9-21, 10-05, 10-19, 11-02, 11-16 11-25
Total this period	\$90.00	
Kenneth Wood	\$50.00	11-02, 11-16, 11-25
Total this period	\$150.00	

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>2-1-01</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	<i>2-1-01</i> DATE PREPARED