

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 50 Beale Street 17-C356 SAN FRANCISCO CA 94105 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00340364 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2020 through 03 / 31 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Glidden, Emily, , , Type or Print Name of Treasurer

Signature of Treasurer Glidden, Emily, , , [Electronically Filed] Date 06 / 16 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		25821.08
(b) Cash on Hand at Beginning of Reporting Period.....	25821.08	
(c) Total Receipts (from Line 19)	50370.66	50370.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76191.74	76191.74
7. Total Disbursements (from Line 31).....	47764.11	47764.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28427.63	28427.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18988.37	18988.37
(ii) Unitemized	31382.29	31382.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	50370.66	50370.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	50370.66	50370.66
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	50370.66	50370.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	50370.66	50370.66

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	47500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	264.11	264.11
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	47764.11	47764.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47764.11	47764.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	50370.66	50370.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50370.66	50370.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

This is to respond to the correspondence from FEC dated May 14, 2020 referencing April Quarterly Report (1/1/20 - 3/31/20). Due to the clerical error, we made contribution to Jim Costa for Congress, Mark Desaulnier for Congress. Scott Peters for Congress and Tina Smith for Minnesota as Primary Contribution. All of these four contribution should have been recorded as General Contribution. We are amending the 2020 Q1 filing to reflect this correction. Communication has been sent to these committees notifying them of the changes. We apologize for the inconvenience. Thanks.

Form/Schedule:

Transaction ID:

**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 7 OF 28
	<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"/>	<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)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Antonucci, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx0387
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22535
 Amount of Each Receipt this Period
 490.00
 Memo Item
 Payroll contribution per cycle \$70.00

B. Bailet, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx4353
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22539
 Amount of Each Receipt this Period
 700.00
 Memo Item
 Payroll contribution per cycle \$100.00

C. Barnes, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx2076
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22546
 Amount of Each Receipt this Period
 350.00
 Memo Item
 Payroll contribution per cycle \$50.00

SUBTOTAL of Receipts This Page (optional).....	1540.00
TOTAL This Period (last page this line number only).....	

**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 8 OF 28
	<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	

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Billingsley, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx2971
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22556
 Amount of Each Receipt this Period
 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

B. Blakeman, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee#xx1919
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22557
 Amount of Each Receipt this Period
 210.00
 Memo Item
 Payroll contribution per cycle \$30.00

C. Brown, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx9004, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22568
 Amount of Each Receipt this Period
 221.48
 Memo Item
 Payroll contribution per cycle \$31.64

SUBTOTAL of Receipts This Page (optional).....	746.48
TOTAL This Period (last page this line number only).....	

**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 9 OF 28
	<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	

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Buchert, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx4682
 50 Beale Street
 City San Francisco State CA Zip Code 94030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) President - Care1st
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22569
 Amount of Each Receipt this Period
 345.00
 Memo Item
 Payroll contribution per cycle \$115.00

B. Cemo, Summer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3503
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22577
 Amount of Each Receipt this Period
 231.00
 Memo Item
 Payroll contribution per cycle \$33.00

C. Chasin, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx8020
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22580
 Amount of Each Receipt this Period
 1400.00
 Memo Item
 Payroll contribution per cycle \$200.00

SUBTOTAL of Receipts This Page (optional).....	1976.00
TOTAL This Period (last page this line number only).....	

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 10 OF 28
	<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	

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Cohen, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx4352
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22585
 Amount of Each Receipt this Period
 420.00
 Memo Item
 Payroll contribution per cycle \$60.00

B. Ejuwa, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx3113
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22615
 Amount of Each Receipt this Period
 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

C. Gebhart, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Emp# xx7244
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22634
 Amount of Each Receipt this Period
 210.00
 Memo Item
 Payroll contribution per cycle \$30.00

SUBTOTAL of Receipts This Page (optional).....	945.00
TOTAL This Period (last page this line number only).....	

**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 11 OF 28
	<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	

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Gilliland, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx5469
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22636
 Amount of Each Receipt this Period
 490.00
 Memo Item
 Payroll contribution per cycle \$70.00

B. Goldberg, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx4504
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22638
 Amount of Each Receipt this Period
 245.00
 Memo Item
 Payroll contribution per cycle \$35.00

C. Goode, Kimberley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx4855
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22640
 Amount of Each Receipt this Period
 490.00
 Memo Item
 Payroll contribution per cycle \$70.00

SUBTOTAL of Receipts This Page (optional).....	1225.00
TOTAL This Period (last page this line number only).....	

**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 12 OF 28
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Hendrickson, Ruth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx 3054
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22651
 Amount of Each Receipt this Period
 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

B. Hilty, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx9314
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22654
 Amount of Each Receipt this Period
 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

C. Hurd, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx6366
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22660
 Amount of Each Receipt this Period
 210.00
 Memo Item
 Payroll contribution per cycle \$30.00

SUBTOTAL of Receipts This Page (optional).....	840.00
TOTAL This Period (last page this line number only).....	

**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 13 OF 28
	<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	

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Jacobs, Seth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx6574
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Sr. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22663
 Amount of Each Receipt this Period
 525.00
 Memo Item
 Payroll contribution per cycle \$75.00

B. Khemani, Pradip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx7222
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22673
 Amount of Each Receipt this Period
 245.00
 Memo Item
 Payroll contribution per cycle \$35.00

C. Kibler, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx5267
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 469.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22674
 Amount of Each Receipt this Period
 469.00
 Memo Item
 Payroll contribution per cycle \$67.00

SUBTOTAL of Receipts This Page (optional).....	1239.00
TOTAL This Period (last page this line number only).....	

**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 14 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kiefer, Andrew, , ,		Date of Receipt
Mailing Address Employee #xx8277 50 Beale Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.22675
Name of Employer (for Individual) Blue Shield of CA		Amount of Each Receipt this Period <input type="text" value="700.00"/>
Occupation (for Individual) Director		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kim, Keith, , ,		Date of Receipt
Mailing Address Employee #xx5487 50 Beale St.,		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.22677
Name of Employer (for Individual) Blue Shield of CA		Amount of Each Receipt this Period <input type="text" value="245.00"/>
Occupation (for Individual) Director		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kim, Yunkyung, , ,		Date of Receipt
Mailing Address Employee # xx 5065 50 Beale Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.22679
Name of Employer (for Individual) Blue Shield of CA		Amount of Each Receipt this Period <input type="text" value="350.00"/>
Occupation (for Individual) Sr. Director		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1295.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 15 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Lautsch, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx 5111
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22687
 Amount of Each Receipt this Period
 350.00
 Memo Item
 Payroll contribution per cycle \$50.00

B. Markovich, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx6510
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22705
 Amount of Each Receipt this Period
 1400.00
 Memo Item
 Payroll contribution per cycle \$200.00

C. Mayhew, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx 5058
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22710
 Amount of Each Receipt this Period
 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

SUBTOTAL of Receipts This Page (optional).....	2065.00
TOTAL This Period (last page this line number only).....	

**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 16 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Mixon, Haley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx3986
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22722
 Amount of Each Receipt this Period
 210.00
 Memo Item
 Payroll contribution per cycle \$30.00

B. Murray, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx1032
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22728
 Amount of Each Receipt this Period
 420.00
 Memo Item
 Payroll contribution per cycle \$60.00

C. O'Hara, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx0977
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22737
 Amount of Each Receipt this Period
 490.00
 Memo Item
 Payroll contribution per cycle \$70.00

SUBTOTAL of Receipts This Page (optional).....	1120.00
TOTAL This Period (last page this line number only).....	

**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 17 OF 28
	<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	

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Robertson, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx3759
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22756
 Amount of Each Receipt this Period
 350.00
 Memo Item
 Payroll contribution per cycle \$50.00

B. Saadzo, Lina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx5649
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22761
 Amount of Each Receipt this Period
 245.00
 Memo Item
 Payroll contribution per cycle \$35.00

C. Schulz, Shayna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3526
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22769
 Amount of Each Receipt this Period
 490.00
 Memo Item
 Payroll contribution per cycle \$70.00

SUBTOTAL of Receipts This Page (optional).....▶	1085.00
TOTAL This Period (last page this line number only).....▶	

**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 18 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Shearer, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx 4822
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22776
 Amount of Each Receipt this Period
 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

B. Shih, Michelle, Y, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx6919
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22779
 Amount of Each Receipt this Period
 360.00
 Memo Item
 Payroll contribution per cycle \$60.00

C. Solomon, Gilbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx1700
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Medical Director
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 323.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22782
 Amount of Each Receipt this Period
 323.05
 Memo Item
 Payroll contribution per cycle \$46.15

SUBTOTAL of Receipts This Page (optional).....	998.05
TOTAL This Period (last page this line number only).....	

**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 19 OF 28
	<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	

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Spector, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx4420, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 553.84

Date of Receipt 03 / 31 / 2020
Transaction ID : SA11AI.22784
 Amount of Each Receipt this Period 553.84
 Memo Item
 Payroll contribution per cycle \$79.12

B. Stuart, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx2061 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 03 / 31 / 2020
Transaction ID : SA11AI.22793
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

C. Sun, Cecilia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3131 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 31 / 2020
Transaction ID : SA11AI.22796
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll contribution per cycle \$60.00

SUBTOTAL of Receipts This Page (optional).....▶	1288.84
TOTAL This Period (last page this line number only).....▶	

**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 20 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Walthall, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx2537
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22817
 Amount of Each Receipt this Period
 1400.00
 Memo Item
 Payroll contribution per cycle \$200.00

B. Wells, Darrin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8661
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22819
 Amount of Each Receipt this Period
 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

C. Wilkins, Kimball, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx3150
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22823
 Amount of Each Receipt this Period
 350.00
 Memo Item
 Payroll contribution per cycle \$50.00

SUBTOTAL of Receipts This Page (optional).....	2065.00
TOTAL This Period (last page this line number only).....	

**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 21 OF 28
	<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	

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Williams, Bryce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8031
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22824
 Amount of Each Receipt this Period
 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

B. Yao, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Beale Street
 employee# xx5363
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2020
Transaction ID : SA11AI.22836
 Amount of Each Receipt this Period
 245.00
 Memo Item
 Payroll contribution per cycle \$35.00

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	560.00
TOTAL This Period (last page this line number only).....	18988.37

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BARBARA LEE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 18 / 2020
Mailing Address 333 HEGENBERGER RD, STE 369		FEC Identification Number C C00331769 Transaction ID : SB23.22503
City OAKLAND	State CA	Zip Code 94621
Purpose of Disbursement Primary Contribution		Amount of Each Disbursement this Period 4000.00
Candidate Name BARBARA LEE FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 13	

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONG. CAMPAIGN COMM.		Date of Disbursement MM / DD / YYYY 02 / 18 / 2020
Mailing Address 430 South Capitol Street SE 2nd Floor		FEC Identification Number C C00000935 Transaction ID : SB23.22507
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2020 Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name DEMOCRATIC CONG. CAMPAIGN COMM.		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: DC	District: 00	

Full Name (Last, First, Middle Initial) C. HEARTLAND VALUES PAC		Date of Disbursement MM / DD / YYYY 02 / 18 / 2020
Mailing Address PO Box 505		FEC Identification Number C C00409003 Transaction ID : SB23.22508
City Sioux Falls	State SD	Zip Code 57101
Purpose of Disbursement 2020 Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name HEARTLAND VALUES PAC		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	11500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Jay Obernolte for Congress		Date of Disbursement MM / DD / YYYY 03 / 02 / 2020
Mailing Address 1355 Halyard Drive Suite 120		FEC Identification Number C [REDACTED] Transaction ID : SB23.22521
City West Sacramento	State CA	Zip Code 95691
Purpose of Disbursement Primary Contribution		Amount of Each Disbursement this Period [REDACTED] 2500.00
Candidate Name Jay Obernolte for Congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District:	

Full Name (Last, First, Middle Initial) B. JEFFRIES FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 18 / 2020
Mailing Address 3430 CONNECTICUT AVENUE, NW #11704		FEC Identification Number C C00503052 Transaction ID : SB23.22501
City WASHINGTON	State DC	Zip Code 20008
Purpose of Disbursement Primary Contribution		Amount of Each Disbursement this Period [REDACTED] 1000.00
Candidate Name JEFFRIES FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 08	

Full Name (Last, First, Middle Initial) C. JIM COSTA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 18 / 2020
Mailing Address 2037 WEST BULLARD PMB #509		FEC Identification Number C C00391029 Transaction ID : SB23.22509
City FRESNO	State CA	Zip Code 93711
Purpose of Disbursement Primary Contribution		Amount of Each Disbursement this Period [REDACTED] 2500.00
Candidate Name JIM COSTA FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 20	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 6000.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JIM COSTA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 02 / 2020
Mailing Address 2037 WEST BULLARD PMB #509		FEC Identification Number C C00391029 Transaction ID : SB23.22520 Amount of Each Disbursement this Period 2500.00
City FRESNO	State CA	Zip Code 93711
Purpose of Disbursement General Contribution		Category/ Type
Candidate Name JIM COSTA FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 20	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. JIMMY PANETTA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 18 / 2020
Mailing Address 60 EAST CARMEL VALLEY ROAD		FEC Identification Number C C00592154 Transaction ID : SB23.22512 Amount of Each Disbursement this Period 2500.00
City CARMEL VALLEY	State CA	Zip Code 93924
Purpose of Disbursement General Contribution		Category/ Type
Candidate Name JIMMY PANETTA FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 20	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. JIMMY PANETTA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 26 / 2020
Mailing Address 60 EAST CARMEL VALLEY ROAD		FEC Identification Number C C00592154 Transaction ID : SB23.22515 Amount of Each Disbursement this Period 2500.00
City CARMEL VALLEY	State CA	Zip Code 93924
Purpose of Disbursement General Contribution		Category/ Type
Candidate Name JIMMY PANETTA FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 20	<input type="checkbox"/> Memo Item

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

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. KAREN BASS FOR CONGRESS

Full Name (Last, First, Middle Initial)
KAREN BASS FOR CONGRESS

Date of Disbursement: 02 / 18 / 2020

Mailing Address: 777 S. Figueroa Street, Suite 4050
City: Los Angeles, State: CA, Zip Code: 90017

Purpose of Disbursement: Primary Contribution

Candidate Name: KAREN BASS FOR CONGRESS

Office Sought: House, Senate, President
Disbursement For: 2020, Primary, General, Other (specify) ▼

State: CA, District: 33

FEC Identification Number: C00476523
Transaction ID: SB23.22504
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. LOU CORREA FOR CONGRESS

Full Name (Last, First, Middle Initial)
LOU CORREA FOR CONGRESS

Date of Disbursement: 02 / 18 / 2020

Mailing Address: 420 N TWIN OAKS VALLEY RD #2229
City: SAN MARCOS, State: CA, Zip Code: 92079

Purpose of Disbursement: Primary Contribution

Candidate Name: LOU CORREA FOR CONGRESS

Office Sought: House, Senate, President
Disbursement For: 2020, Primary, General, Other (specify) ▼

State: CA, District: 46

FEC Identification Number: C00578302
Transaction ID: SB23.22506
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. MARK DESAULNIER FOR CONGRESS

Full Name (Last, First, Middle Initial)
MARK DESAULNIER FOR CONGRESS

Date of Disbursement: 02 / 18 / 2020

Mailing Address: PO BOX 6066
City: CONCORD, State: CA, Zip Code: 94524

Purpose of Disbursement: General Contribution

Candidate Name: MARK DESAULNIER FOR CONGRESS

Office Sought: House, Senate, President
Disbursement For: 2020, Primary, General, Other (specify) ▼

State: CA, District: 11

FEC Identification Number: C00554709
Transaction ID: SB23.22505
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento	State CA	Zip Code 95841
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Purpose of Disbursement
General Contribution

Candidate Name
MIKE THOMPSON FOR CONGRESS

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA District: 01	

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 18 / 2020

FEC Identification Number

C C00326363

Transaction ID : SB23.22513

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SALUD CARBAJAL FOR CONGRESS

Mailing Address PO BOX 1290

City SANTA BARBARA	State CA	Zip Code 93102
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Purpose of Disbursement
Primary Contribution

Candidate Name
SALUD CARBAJAL FOR CONGRESS

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CA District: 24	

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 18 / 2020

FEC Identification Number

C C00576041

Transaction ID : SB23.22510

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 22074

City SAN DIEGO	State CA	Zip Code 92192
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Purpose of Disbursement
General Contribution

Candidate Name
SCOTT PETERS FOR CONGRESS

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA District: 52	

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 26 / 2020

FEC Identification Number

C C00503110

Transaction ID : SB23.22514

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. SUSAN DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Date of Disbursement: 02 / 26 / 2020

Mailing Address 1212 S. Victory Blvd.
Suite 200

City Burbank State CA Zip Code 91502

Purpose of Disbursement Primary Contribution

Candidate Name **SUSAN DAVIS FOR CONGRESS**

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: CA District: 53

FEC Identification Number: C00344671
Transaction ID : SB23.22516
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. TINA SMITH FOR MINNESOTA

Full Name (Last, First, Middle Initial)
Date of Disbursement: 02 / 27 / 2020

Mailing Address PO BOX 14362

City SAINT PAUL State MN Zip Code 55114

Purpose of Disbursement General Contribution

Candidate Name **TINA SMITH FOR MINNESOTA**

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: MN District: 00

FEC Identification Number: C00663781
Transaction ID : SB23.22517
Amount of Each Disbursement this Period: 2500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Date of Disbursement: / /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	47500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bank, Fees

Mailing Address 345 Montgomery Street

City San Francisco State CA Zip Code 94101

Purpose of Disbursement
March Account Analysis Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.22529

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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