

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

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

2. **FEC IDENTIFICATION NUMBER** C00340364
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

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 Emily Glidden

Signature of Treasurer Electronically Filed by Emily Glidden Date 04 15 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		101456.76
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	101456.76									
(c) Total Receipts (from Line 19)	29592.30	29592.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	131049.06	131049.06								
7. Total Disbursements (from Line 31)	33237.12	33237.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97811.94	97811.94								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	8383.04	8383.04
(ii) Unitemized	20209.26	20209.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28592.30	28592.30
(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)	28592.30	28592.30
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	1000.00	1000.00
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 Transfer (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))	29592.30	29592.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29592.30	29592.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	33110.00	33110.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	127.12	127.12
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	33237.12	33237.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33237.12	33237.12

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	28592.30	28592.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28592.30	28592.30
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

**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 6 / 21
	<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	

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 (Last, First, Middle Initial) Tracy Barnes		Date of Receipt
	Mailing Address emp 22076 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10072
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	Payroll contribution per cycle \$40.00

B.	Full Name (Last, First, Middle Initial) Bruce Bodaken		Date of Receipt
	Mailing Address emp 16451 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10080
Name of Employer Blue Shield of California		Occupation Chief Executive Officer	Amount of Each Receipt this Period 360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	Payroll contribution per cycle \$60.00

C.	Full Name (Last, First, Middle Initial) William Brown		Date of Receipt
	Mailing Address emp 059004, 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10090
Name of Employer Blue Shield		Occupation employee	Amount of Each Receipt this Period 220.59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.59	Payroll contribution per cycle \$36.76

SUBTOTAL of Receipts This Page (optional)	820.59
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 7 / 21
	<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.	Full Name (Last, First, Middle Initial) Wendy Cerruti	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address emp 112821, 50 Beale Street	Transaction ID: SA11AI.10095
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$50.00
	Name of Employer Blue Shield Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Edward Cymerys	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address emp 114609, 50 Beale Street	Transaction ID: SA11AI.10104
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$100.00
	Name of Employer Blue Shield Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Patricia R. Domenickine	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address emp 111504 50 Beale Street	Transaction ID: SA11AI.10111
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 270.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$45.00
	Name of Employer Blue Shield of California Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	1170.00
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 / 21
	<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.

Full Name (Last, First, Middle Initial) James Elliott		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 115549 50 Beale Street		Transaction ID: SA11AI.10114
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer Blue Shield of California	Occupation employee	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 ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Thomas Epstein		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address emp 110249 50 Beale Street		Transaction ID: SA11AI.10116
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 390.00	
Name of Employer Blue Shield of California	Occupation Vice President, Public Affairs	Payroll contribution per cycle \$65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.

Full Name (Last, First, Middle Initial) Heidi Fields		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address Employee #112238 50 Beale St.,		Transaction ID: SA11AI.10121
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 726.20	
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$120.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 726.20	

SUBTOTAL of Receipts This Page (optional)	▶	1716.20
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: PAGE 9 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Mark Gastineau</p> <p>Mailing Address 115296 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield of California employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 03 / 31 / 2010</p> <p>Transaction ID: SA11AI.10126</p> <p>Amount of Each Receipt this Period 240.00</p> <p>Payroll contribution per cycle \$40.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Robert Geyer</p> <p>Mailing Address emp 42026 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield of California Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>	<p>Date of Receipt 03 / 31 / 2010</p> <p>Transaction ID: SA11AI.10129</p> <p>Amount of Each Receipt this Period 450.00</p> <p>Payroll contribution per cycle \$75.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Ketan Gima</p> <p>Mailing Address emp 112246 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield of California Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 03 / 31 / 2010</p> <p>Transaction ID: SA11AI.10130</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Payroll contribution per cycle \$50.00</p>
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SUBTOTAL of Receipts This Page (optional)	990.00
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 / 21
	<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.	Full Name (Last, First, Middle Initial) Brent Hitchings		Date of Receipt	
	Mailing Address 115569 50 Beale Street		M M / D D / Y Y Y Y 03 / 31 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.10150
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		270.00	
Name of Employer Blue Shield of California		Occupation employee		Payroll contribution per cycle \$45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00		

B.	Full Name (Last, First, Middle Initial) Marianne Jackson		Date of Receipt	
	Mailing Address emp 112372 50 Beale Street		M M / D D / Y Y Y Y 03 / 31 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.10163
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		480.00	
Name of Employer Blue Shield of California		Occupation Senior Vice President, Human Resources		Payroll contribution per cycle \$80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00		

C.	Full Name (Last, First, Middle Initial) David Joyner		Date of Receipt	
	Mailing Address emp 19639 50 Beale Street		M M / D D / Y Y Y Y 03 / 31 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.10170
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		240.00	
Name of Employer Blue Shield of California		Occupation Vice President		Payroll contribution per cycle \$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)	990.00
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: PAGE 11 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Elinor Mackinnon
 Mailing Address emp 113314, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.10198
 Amount of Each Receipt this Period 330.00
 Payroll contribution per cycle \$55.00
 Name of Employer Blue Shield Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 330.00
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 Paul Markovich
 Mailing Address emp 16510, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.10201
 Amount of Each Receipt this Period 492.00
 Payroll contribution per cycle \$82.00
 Name of Employer Blue Shield of California Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 492.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Kristen Miranda
 Mailing Address emp 113904, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.10212
 Amount of Each Receipt this Period 240.00
 Payroll contribution per cycle \$40.00
 Name of Employer Blue Shield Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 240.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ► **1062.00**
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: PAGE 12 / 21
(check only one)

<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.

Full Name (Last, First, Middle Initial) Debbie Naegle		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address emp 16484 50 Beale Street		Transaction ID: SA11AI.10217
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 213.14
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$35.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.14	

B.

Full Name (Last, First, Middle Initial) Kathy Richards		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address emp 109053 50 Beale Street		Transaction ID: SA11AI.10243
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Blue Shield of California	Occupation Director	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 ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Thad Roake		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 50 Beale Street		Transaction ID: SA11AI.10246
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 371.11
Name of Employer Blue Shield of California	Occupation employee # 115536	Payroll contribution per cycle \$61.56
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.11	

SUBTOTAL of Receipts This Page (optional)	▶	884.25
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: PAGE 13 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Lyle Swallow

Mailing Address emp 18612
50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.10276

Amount of Each Receipt this Period
450.00

Payroll contribution per cycle \$75.00

B. Full Name (Last, First, Middle Initial)
Mark Weideman

Mailing Address 114691
50 Beale St

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.10299

Amount of Each Receipt this Period
300.00

Payroll contribution per cycle \$50.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ► **8383.04**

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.	Full Name (Last, First, Middle Initial) DIRIGO PAC		Date of Receipt
	Mailing Address PO Box 1355		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Alexandria	State VA	Zip Code 22313
	FEC ID number of contributing federal political committee. C C00391797		Transaction ID: SA16.10318
	Name of Employer		Occupation
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="1000.00"/>	
		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Refund of excess contribution for 2009 General

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

**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"/> 24	<input type="checkbox"/> 25	<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

<p>A. Full Name (Last, First, Middle Initial) AHIP PAC</p> <p>Mailing Address 601 Penn. Avenue NW #500 South Bldg.</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name AHIP PAC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10336 Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Mailing Address 8665 Wilshire Blvd. #220</p> <p>City Beverly Hills State CA Zip Code 90211</p> <p>Purpose of Disbursement Stop pay placed on check #2006 issued on 11/29/07</p> <p>Candidate Name CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10347 Date of Disbursement 03 / 08 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DEMOCRATIC CONG. CAMPAIGN COMM.</p> <p>Mailing Address 430 South Capitol Street SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name DEMOCRATIC CONG. CAMPAIGN COMM.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10339 Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)	9000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

<p>A. Full Name (Last, First, Middle Initial) DEMOCRATIC SEN. CAMPAIGN COMMITTEE</p> <p>Mailing Address 120 MARYLAND AVENUE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name DEMOCRATIC SEN. CAMPAIGN COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10340</p> <p>Date of Disbursement 01 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DIRIGO PAC</p> <p>Mailing Address PO Box 1355</p> <p>City Alexandria State VA Zip Code 22313</p> <p>Purpose of Disbursement 2010 General Election</p> <p>Candidate Name DIRIGO PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10325</p> <p>Date of Disbursement 02 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DREIER FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. BOX 505</p> <p>City UPLAND State CA Zip Code 91785</p> <p>Purpose of Disbursement Stop pay placed on check #2007 issued on 11/29/07</p> <p>Candidate Name DREIER FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10348</p> <p>Date of Disbursement 03 / 08 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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"/> 24	<input type="checkbox"/> 25	<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

<p>A. Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</p> <p>Mailing Address 25 East Main Street Suite 200</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10327</p> <p>Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID</p> <p>Mailing Address P.O. BOX 19163</p> <p>City LAS VEGAS State NV Zip Code 89132</p> <p>Purpose of Disbursement 2010 Primary Election</p> <p>Candidate Name FRIENDS FOR HARRY REID</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10323</p> <p>Date of Disbursement 02 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID</p> <p>Mailing Address P.O. BOX 19163</p> <p>City LAS VEGAS State NV Zip Code 89132</p> <p>Purpose of Disbursement 2010 General Election</p> <p>Candidate Name FRIENDS FOR HARRY REID</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10324</p> <p>Date of Disbursement 02 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1700.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3650.00

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"/> 24	<input type="checkbox"/> 25	<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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER</p> <p>Mailing Address 2801 Turk Blvd., Suite 306</p> <p>City San Francisco State CA Zip Code 94118</p> <p>Purpose of Disbursement 2010 Primary Election</p> <p>Candidate Name FRIENDS OF BARBARA BOXER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10321 Date of Disbursement 01 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 960.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER</p> <p>Mailing Address 509 MADISON AVE SUITE 1902</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement 2010 General Election</p> <p>Candidate Name CHARLES E SCHUMER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10335 Date of Disbursement 03 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER</p> <p>Mailing Address 509 MADISON AVE SUITE 1902</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement 2010 Primary Election</p> <p>Candidate Name CHARLES E SCHUMER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10337 Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional)	3460.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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.	Full Name (Last, First, Middle Initial) HEARTLAND VALUES PAC Mailing Address PO Box 505 City Sioux Falls State SD Zip Code 57101 Purpose of Disbursement 2010 Contribution Candidate Name HEARTLAND VALUES PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.10333 Date of Disbursement 03 / 15 / 2010 Amount of Each Disbursement this Period 1000.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE Mailing Address PO BOX 10246 City PHOENIX State AZ Zip Code 85064 Purpose of Disbursement 2010 Primary Election Candidate Name JON KYL FOR U S SENATE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 00	Transaction ID: SB23.10329 Date of Disbursement 03 / 09 / 2010 Amount of Each Disbursement this Period 2500.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) Martha Coakley for Senate Committee Mailing Address P.O. Box 220 State House Station City Boston State MA Zip Code 02133 Purpose of Disbursement 2010 General Election Candidate Name Martha Coakley for Senate Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.10350 Date of Disbursement 01 / 14 / 2010 Amount of Each Disbursement this Period 5000.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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"/> 24	<input type="checkbox"/> 25	<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.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: SB23.10326 Date of Disbursement 02 / 22 / 2010
	Mailing Address 320 First Street, SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement 2010 Contribution	
	Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	Transaction ID: SB23.10338 Date of Disbursement 03 / 30 / 2010
	Mailing Address 425 SECOND STREET NE	Amount of Each Disbursement this Period 5000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement 2010 Contribution	
	Candidate Name NATIONAL REPUBLICAN SENATORIAL COMMITTEE	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) PAC TO THE FUTURE	Transaction ID: SB23.10346 Date of Disbursement 03 / 08 / 2010
	Mailing Address PMB 3230 268 Bush Street	Amount of Each Disbursement this Period -5000.00
	City San Francisco State CA Zip Code 94104	
	Purpose of Disbursement Stop pay on check #2004 issued on 11/29/07	
	Candidate Name PAC TO THE FUTURE	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: CA District:	

SUBTOTAL of Disbursements This Page (optional)	2500.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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.	Full Name (Last, First, Middle Initial) SCHIFF FOR CONGRESS			Transaction ID: SB23.10353	
	Mailing Address 777 S. Figueroa St. Suite 4050			Date of Disbursement MM / DD / YYYY 03 / 18 / 2010	
	City Los Angeles	State CA	Zip Code 90017	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement 2009 Primary Contribution			Category/ Type	
	Candidate Name ADAM SCHIFF				
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
	State: CA		District: 29		

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

33110.00