

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 SAN FRANCISCO CA 94105 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 01 01 2011 through 06 30 2011

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 07 29 2011

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

Table with 10 columns and 1 row, labeled 'Office Use Only' in the first column.

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	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		78040.09
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	78040.09									
(c) Total Receipts (from Line 19)	64616.30	64616.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	142656.39	142656.39								
7. Total Disbursements (from Line 31)	38760.67	38760.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	103895.72	103895.72								
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**

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	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	44676.77	44676.77
(ii) Unitemized	16939.53	16939.53
(iii) TOTAL (add Lines 11(a)(i) and (ii)	61616.30	61616.30
(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)	61616.30	61616.30
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	3000.00	3000.00
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))	64616.30	64616.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64616.30	64616.30

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.....	38500.00	38500.00
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.....	260.67	260.67
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))..	38760.67	38760.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38760.67	38760.67

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)	61616.30	61616.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61616.30	61616.30
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: PAGE 6 / 49
(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)
Salim Alama

Mailing Address emp xx6125
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 Occupation Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.11565

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

B. Full Name (Last, First, Middle Initial)
Dennis Alva

Mailing Address emp xx9311
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 Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.11566

Amount of Each Receipt this Period
278.21

Payroll contribution per cycle \$21.58

C. Full Name (Last, First, Middle Initial)
David A Arnold Jr.

Mailing Address emp xx4648
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 Occupation Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.11572

Amount of Each Receipt this Period
455.00

Payroll contribution per cycle \$35.00

SUBTOTAL of Receipts This Page (optional) ► **1058.21**

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 7 / 49
(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)
Terri J. Baker

Mailing Address emp xx1950, 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 Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11574
Amount of Each Receipt this Period 286.00
Payroll contribution per cycle \$22.00

B. Full Name (Last, First, Middle Initial)
Tanya Ballow

Mailing Address emp xx8347 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 employee # 108347

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11575
Amount of Each Receipt this Period 292.50
Payroll contribution per cycle \$22.50

C. Full Name (Last, First, Middle Initial)
Tracy Barnes

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 Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11578
Amount of Each Receipt this Period 520.00
Payroll contribution per cycle \$40.00

SUBTOTAL of Receipts This Page (optional) ► 1098.50

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 / 49
	<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) Earl W. Barron III	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address Employee #xx6501 50 Beale St.,	Transaction ID: SA11AI.11579
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Occupation Blue Shield of CA Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Vivek Bhatia	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address emp xx3173 50 Beale Street	Transaction ID: SA11AI.11583
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Douglas Biehn	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address emp xx2903, 50 Beale Street	Transaction ID: SA11AI.11584
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20.00
	Name of Employer Occupation Blue Shield employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	910.00
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 9 / 49
	<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) Bruce Bodaken		Date of Receipt
	Mailing Address emp xx6451 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 06 / 30 / 2011
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11586
Name of Employer Blue Shield of California		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00	780.00
		Payroll contribution per cycle \$60.00	

B.	Full Name (Last, First, Middle Initial) Ruta Britts		Date of Receipt
	Mailing Address emp xx2060 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 06 / 30 / 2011
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11590
Name of Employer Blue Shield		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	260.00
		Payroll contribution per cycle \$20.00	

C.	Full Name (Last, First, Middle Initial) Laverne A Brizendine		Date of Receipt
	Mailing Address emp xx6076 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 06 / 30 / 2011
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11591
Name of Employer Blue Shield		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	325.00
		Payroll contribution per cycle \$25.00	

SUBTOTAL of Receipts This Page (optional)	1365.00
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 10 / 49
(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)
 Thomas Brophy
 Mailing Address emp xx4076, 50 Beale Street
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.11592
 Amount of Each Receipt this Period
 260.00
 Payroll contribution per cycle \$20.00
 Name of Employer Occupation
 Blue Cross employee
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 William Brown
 Mailing Address emp xx9004, 50 Beale Street
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.11593
 Amount of Each Receipt this Period
 380.25
 Payroll contribution per cycle \$25.99
 Name of Employer Occupation
 Blue Shield employee
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 380.25
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Michael-Anne Browne
 Mailing Address emp xx1514
 50 Beale Street
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.11594
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00
 Name of Employer Occupation
 Blue Shield of California Employee
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ► **965.25**
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 11 / 49
(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)
Wendy Cerruti

Mailing Address emp xx2821, 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 Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.11597
Amount of Each Receipt this Period: 650.00
Payroll contribution per cycle \$50.00

B. Full Name (Last, First, Middle Initial)
Andrew Chasin

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 Blue Shield of California Occupation Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.11599
Amount of Each Receipt this Period: 325.00
Payroll contribution per cycle \$25.00

C. Full Name (Last, First, Middle Initial)
Edward Cymerys

Mailing Address emp xx4609, 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 Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.11606
Amount of Each Receipt this Period: 1300.00
Payroll contribution per cycle \$100.00

SUBTOTAL of Receipts This Page (optional) ► **2275.00**

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 / 49
	<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) Shannon Datcher		Date of Receipt
	Mailing Address Employee #xx7287 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 06 / 30 / 2011
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11607
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 260.00
			Payroll contribution per cycle \$20.00

B.	Full Name (Last, First, Middle Initial) Susan Deleeuw		Date of Receipt
	Mailing Address emp xx4798 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 06 / 30 / 2011
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11609
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 302.50
			Payroll contribution per cycle \$22.50

C.	Full Name (Last, First, Middle Initial) Ann DeRose		Date of Receipt
	Mailing Address emp xx3203 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 06 / 30 / 2011
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11611
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 292.50
			Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 855.00
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: PAGE 13 / 49
(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)
 Patricia R. Domenickine
 Mailing Address emp xx1504
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 06 / 30 / 2011
Transaction ID: SA11AI.11612
 Amount of Each Receipt this Period
 585.00
 Payroll contribution per cycle \$45.00
 Name of Employer Blue Shield of California Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 James Elliott
 Mailing Address emp xx5549
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 06 / 30 / 2011
Transaction ID: SA11AI.11618
 Amount of Each Receipt this Period
 1300.00
 Payroll contribution per cycle \$100.00
 Name of Employer Blue Shield of California Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Thomas Epstein
 Mailing Address emp xx0249
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 06 / 30 / 2011
Transaction ID: SA11AI.11620
 Amount of Each Receipt this Period
 910.00
 Payroll contribution per cycle \$70.00
 Name of Employer Blue Shield of California Occupation Vice President, Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 910.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ► **2795.00**
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 14 / 49
(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) Jacqueline Espinoza		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address emp xx5623 50 Beale Street		Transaction ID: SA11AI.11621
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 employee	Payroll contribution per cycle \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

B.

Full Name (Last, First, Middle Initial) Kathryn M. Ferguson		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address emp xx2319 50 Beale Street		Transaction ID: SA11AI.11623
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 221.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$17.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	

C.

Full Name (Last, First, Middle Initial) Heidi Fields		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address Employee #xx2238 50 Beale St.,		Transaction ID: SA11AI.11624
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1588.50
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$123.10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1588.50	

SUBTOTAL of Receipts This Page (optional)	▶	2199.50
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 15 / 49
	<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) Mark Finch	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address Employee #xx7875 50 Beale Street	Transaction ID: SA11AI.11871
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Blue Shield of CA Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Armine Fortunato	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address Employee #xx5680 50 Beale Street	Transaction ID: SA11AI.11869
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Blue Shield of CA Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Gregory Gardiner	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address Employee #xx7674 50 Beale Street	Transaction ID: SA11AI.11631
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Blue Shield of CA Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	975.00
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 / 49
	<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) Mark Gastineau	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address emp xx5296 50 Beale Street	Transaction ID: SA11AI.11632
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 440.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$40.00
	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 ▼ 440.00	

B.	Full Name (Last, First, Middle Initial) Devin Gensch	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address emp xx4081 50 Beale Street	Transaction ID: SA11AI.11634
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 364.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$28.00
	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 ▼ 364.00	

C.	Full Name (Last, First, Middle Initial) Robert Geyer	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address emp xx2026 50 Beale Street	Transaction ID: SA11AI.11635
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 975.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$75.00
	Name of Employer Blue Shield of California Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00	

SUBTOTAL of Receipts This Page (optional)	1779.00
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 / 49
	<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) Ketan Gima		Date of Receipt
	Mailing Address emp xx2246 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 06 / 30 / 2011
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11636
Name of Employer Blue Shield of California		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	650.00
		Payroll contribution per cycle \$50.00	

B.	Full Name (Last, First, Middle Initial) Deborah Gordon		Date of Receipt
	Mailing Address emp xx5621 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 06 / 30 / 2011
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11638
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 292.50	292.50
		Payroll contribution per cycle \$22.50	

C.	Full Name (Last, First, Middle Initial) Christopher Gorecki		Date of Receipt
	Mailing Address emp xx5257 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 06 / 30 / 2011
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11639
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	260.00
		Payroll contribution per cycle \$20.00	

SUBTOTAL of Receipts This Page (optional)	1202.50
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 / 49
	<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) Reva Gould	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address Employee #xx7893 50 Beale Street	Transaction ID: SA11AI.11640
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Occupation Blue Shield of CA Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Christy Gregg	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address emp xx2233 50 Beale Street	Transaction ID: SA11AI.11642
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Occupation Blue Shield of California employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

C.	Full Name (Last, First, Middle Initial) John Hedberg	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address Employee #xx7678 50 Beale Street	Transaction ID: SA11AI.11651
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Occupation Blue Shield of CA Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	942.50
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 / 49
	<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) Jeffrey Hermosillo		Date of Receipt	
	Mailing Address emp xx4845 50 Beale Street		M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.11652
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		292.50	
Name of Employer Blue Shield of California		Occupation employee		Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 292.50		

B.	Full Name (Last, First, Middle Initial) Louis Hirsh		Date of Receipt	
	Mailing Address emp xx9409 50 Beale Street		M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.11655
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		292.50	
Name of Employer Blue Shield of California		Occupation Employee		Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 292.50		

C.	Full Name (Last, First, Middle Initial) Brent Hitchings		Date of Receipt	
	Mailing Address emp xx5569 50 Beale Street		M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.11656
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		585.00	
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 ▼ 585.00		

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: PAGE 20 / 49
(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) Jennifer Hobart		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address Employee #xx6684 50 Beale Street		Transaction ID: SA11AI.11657
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 520.00
Name of Employer Blue Shield of CA	Occupation Employee	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 ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Terry Hokinson		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address Employee #xx7017 50 Beale St.,		Transaction ID: SA11AI.11660
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.

Full Name (Last, First, Middle Initial) Stanford Hornbacher		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address emp xx6615 50 Beale Street		Transaction ID: SA11AI.11663
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 292.50
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

SUBTOTAL of Receipts This Page (optional)	1137.50
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 21 / 49
(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)
 Thomas Hurd

Mailing Address Employee #xx6366
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of CA Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.11665

Amount of Each Receipt this Period
 390.00

Payroll contribution per cycle \$30.00

B. Full Name (Last, First, Middle Initial)
 Marianne Jackson

Mailing Address emp xx2372
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Senior Vice President, Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.11670

Amount of Each Receipt this Period
 1040.00

Payroll contribution per cycle \$80.00

C. Full Name (Last, First, Middle Initial)
 Seth Jacobs

Mailing Address emp xx6574
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.11671

Amount of Each Receipt this Period
 357.50

Payroll contribution per cycle \$27.50

SUBTOTAL of Receipts This Page (optional) ▶ **1787.50**

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 22 / 49
	<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) Lorie Johns	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address Employee #xx5447 50 Beale St.,	Transaction ID: SA11AI.11673
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of CA Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 292.50	

B.	Full Name (Last, First, Middle Initial) Michael Johnson	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address emp xx1769 50 Beale Street	Transaction ID: SA11AI.11674
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 390.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$30.00
	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 ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) David Joyner	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address emp xx9639 50 Beale Street	Transaction ID: SA11AI.11675
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$40.00
	Name of Employer Blue Shield of California Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	1202.50
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 23 / 49
	<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) Tina Kibler	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address emp xx5267 50 Beale Street	Transaction ID: SA11AI.11679
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$50.00
	Name of Employer Occupation Blue Shield of California employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Keith Kim	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address Employee #xx5487 50 Beale St.,	Transaction ID: SA11AI.11682
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Occupation Blue Shield of CA Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Janice A Lea	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address emp xx2048 50 Beale Street	Transaction ID: SA11AI.11687
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Occupation Blue Shield Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
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 24 / 49
(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)
Laura Lewis

Mailing Address 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation employee # xx2384

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.11691

Amount of Each Receipt this Period
292.50

Payroll contribution per cycle \$22.50

B. Full Name (Last, First, Middle Initial)
Anthony Lipp

Mailing Address 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation employee # xx4138

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.11692

Amount of Each Receipt this Period
292.50

Payroll contribution per cycle \$22.50

C. Full Name (Last, First, Middle Initial)
Louis Lombardo

Mailing Address emp xx5859
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.11693

Amount of Each Receipt this Period
292.50

Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional) ► **877.50**

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 25 / 49
(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)
Kathleen M. Lucke

Mailing Address emp xx1911
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 Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.60

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11696
Amount of Each Receipt this Period 416.60
Payroll contribution per cycle \$31.35

B. Full Name (Last, First, Middle Initial)
Kathleen Lynaugh

Mailing Address emp xx9411
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 Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11699
Amount of Each Receipt this Period 455.00
Payroll contribution per cycle \$35.00

C. Full Name (Last, First, Middle Initial)
Elinor Mackinnon

Mailing Address emp xx3314, 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 Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11700
Amount of Each Receipt this Period 715.00
Payroll contribution per cycle \$55.00

SUBTOTAL of Receipts This Page (optional) ► 1586.60

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 26 / 49
(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)
 Laura Malone
 Mailing Address Employee #xx6330
 50 Beale St.,
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.11703
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00
 Name of Employer Occupation
 Blue Shield of CA Employee
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 Paul Markovich
 Mailing Address emp xx6510
 50 Beale Street
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.11705
 Amount of Each Receipt this Period
 1066.00
 Payroll contribution per cycle \$82.00
 Name of Employer Occupation
 Blue Shield of California Employee
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1066.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Eskander Matta
 Mailing Address Employee #xx6953
 50 Beale Street
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.11709
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00
 Name of Employer Occupation
 Blue Shield of CA Employee
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ► 1716.00
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 27 / 49
(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)
Thomas McCaffery

Mailing Address emp xx5792
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 employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11712
Amount of Each Receipt this Period 390.00
Payroll contribution per cycle \$30.00

B. Full Name (Last, First, Middle Initial)
Catherine McGee

Mailing Address Employee #xx7004
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 of CA Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11715
Amount of Each Receipt this Period 325.00
Payroll contribution per cycle \$25.00

C. Full Name (Last, First, Middle Initial)
Kristen Miranda

Mailing Address emp xx3904, 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 Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11718
Amount of Each Receipt this Period 520.00
Payroll contribution per cycle \$40.00

SUBTOTAL of Receipts This Page (optional) ► 1235.00

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 28 / 49
(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)
Cathleen Murphy

Mailing Address emp xx3067, 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 Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11721
Amount of Each Receipt this Period 325.00
Payroll contribution per cycle \$25.00

B. Full Name (Last, First, Middle Initial)
Paul Nicknig

Mailing Address 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 employee # xx2383

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11724
Amount of Each Receipt this Period 292.50
Payroll contribution per cycle \$22.50

C. Full Name (Last, First, Middle Initial)
Christopher O'Brien

Mailing Address Employee #xx6255
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 of CA Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11725
Amount of Each Receipt this Period 325.00
Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional) ▶ 942.50

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 29 / 49
(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) Paul Poon		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address Employee #xx6412 50 Beale Street		Transaction ID: SA11AI.11739
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.

Full Name (Last, First, Middle Initial) Harry Potter		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address Employee #xx7732 50 Beale Street		Transaction ID: SA11AI.11740
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 819.06
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$63.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 819.06	

C.

Full Name (Last, First, Middle Initial) Kimberley Reed		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address emp xx9736 50 Beale Street		Transaction ID: SA11AI.11747
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	1469.06
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 30 / 49
(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)
 Anurang Revri
 Mailing Address Employee #xx4019
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11750
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00
 Name of Employer Blue Shield of CA Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 325.00
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 Kathy Richards
 Mailing Address emp xx9053
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11751
 Amount of Each Receipt this Period 650.00
 Payroll contribution per cycle \$50.00
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 650.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Thad Roake
 Mailing Address 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11753
 Amount of Each Receipt this Period 814.84
 Payroll contribution per cycle \$62.68
 Name of Employer Blue Shield of California Occupation employee # xx5536
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 814.84
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ▶ **1789.84**
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: PAGE 31 / 49
(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)
 Norvita Robinson
 Mailing Address emp xx1723, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11758
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00
 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 ▼ 325.00

B. Full Name (Last, First, Middle Initial)
 Robert Rodgers
 Mailing Address Employee #xx7042
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11759
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

C. Full Name (Last, First, Middle Initial)
 Joseph Safran
 Mailing Address emp xx9164, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11763
 Amount of Each Receipt this Period 260.00
 Payroll contribution per cycle \$20.00
 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 ▼ 260.00

SUBTOTAL of Receipts This Page (optional) ► **910.00**
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 32 / 49
(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)
Richard Salow

Mailing Address 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation employee # xx5516

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.11764

Amount of Each Receipt this Period
400.00

Payroll contribution per cycle \$32.00

B. Full Name (Last, First, Middle Initial)
Alan Smit

Mailing Address Employee #xx6267
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield of CA Occupation Employee

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.11768

Amount of Each Receipt this Period
520.00

Payroll contribution per cycle \$40.00

C. Full Name (Last, First, Middle Initial)
Deborah Smith

Mailing Address 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation employee

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 214.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.11769

Amount of Each Receipt this Period
214.50

Payroll contribution per cycle \$16.50

SUBTOTAL of Receipts This Page (optional) ► **1134.50**

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 33 / 49
(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)
 Robert Spector
 Mailing Address emp xx4420, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11772
 Amount of Each Receipt this Period 341.14
 Payroll contribution per cycle \$26.78
 Name of Employer Blue Shield Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 341.14
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 Nancy Stalker
 Mailing Address emp xx6479 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11775
 Amount of Each Receipt this Period 390.00
 Payroll contribution per cycle \$30.00
 Name of Employer Blue Shield of California Occupation Vice President, Pharmacy Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 390.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Mary C StJohn
 Mailing Address 50 Beale St
 City San Francisco State CA Zip Code 94105
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11778
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00
 Name of Employer Blue Shield of CA Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 325.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ► **1056.14**
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 34 / 49
	<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) Kimberly Streit	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address emp xx5254 50 Beale Street	Transaction ID: SA11AI.11780
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	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 ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Malcolm Strohson Jr.	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.11781
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation employee # xx5599 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 292.50	

C.	Full Name (Last, First, Middle Initial) Douglas Sturnick	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address emp xx1996 50 Beale Street	Transaction ID: SA11AI.11782
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	942.50
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 35 / 49
(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) Preddis Sullivan		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address emp xx5476 50 Beale Street		Transaction ID: SA11AI.11783
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.

Full Name (Last, First, Middle Initial) Lyle Swallow		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address emp xx8612 50 Beale Street		Transaction ID: SA11AI.11784
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 975.00
Name of Employer Blue Shield of California	Occupation Counsel	Payroll contribution per cycle \$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

C.

Full Name (Last, First, Middle Initial) Yvonne Tatsumo		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address Employee #xx6843 50 Beale St.,		Transaction ID: SA11AI.11786
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 292.50
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

SUBTOTAL of Receipts This Page (optional)	1592.50
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 36 / 49
(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)
Eric Terndrup

Mailing Address emp xx4199
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 of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 401.67

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11788
Amount of Each Receipt this Period 401.67
Payroll contribution per cycle \$31.19

B. Full Name (Last, First, Middle Initial)
Phyllis Thrush

Mailing Address Employee #xx6787
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 of CA Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11792
Amount of Each Receipt this Period 390.00
Payroll contribution per cycle \$30.00

C. Full Name (Last, First, Middle Initial)
Ernest Valente

Mailing Address Employee #xx3862
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 of CA Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11797
Amount of Each Receipt this Period 225.00
Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional) ► 1016.67

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 37 / 49
(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)
 Robert Wadsworth
 Mailing Address emp x8560
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11803
 Amount of Each Receipt this Period 390.00
 Payroll contribution per cycle \$30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 390.00

B. Full Name (Last, First, Middle Initial)
 Diane Watts
 Mailing Address emp xx3379, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11804
 Amount of Each Receipt this Period 260.00
 Payroll contribution per cycle \$20.00
 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 260.00

C. Full Name (Last, First, Middle Initial)
 Mark Weideman
 Mailing Address emp xx4691
 50 Beale St
 City San Francisco State CA Zip Code 94105
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11805
 Amount of Each Receipt this Period 780.00
 Payroll contribution per cycle \$60.00
 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 780.00

SUBTOTAL of Receipts This Page (optional) ► **1430.00**
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 38 / 49
(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) Jayne Whitelaw		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address Employee #xx5978 50 Beale St.,		Transaction ID: SA11AI.11809
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.

Full Name (Last, First, Middle Initial) Evelyn Whitfield		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address Employee #xx5718 50 Beale St.,		Transaction ID: SA11AI.11810
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 270.00
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.

Full Name (Last, First, Middle Initial) Noel Whitman		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 50 Beale Street		Transaction ID: SA11AI.11811
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 292.50
Name of Employer Blue Shield fo California	Occupation employee # xx4963	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

SUBTOTAL of Receipts This Page (optional)	887.50
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 39 / 49
(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)
Ms Janet D. Widmann

Mailing Address emp xx1756
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 Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11812
Amount of Each Receipt this Period 390.00
Payroll contribution per cycle \$30.00

B. Full Name (Last, First, Middle Initial)
Amy Yao

Mailing Address 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 employee #xx5363

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11819
Amount of Each Receipt this Period 390.00
Payroll contribution per cycle \$30.00

C. Full Name (Last, First, Middle Initial)
John S. Yao

Mailing Address 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 employee # xx1926

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11820
Amount of Each Receipt this Period 292.50
Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional) ► **1072.50**

TOTAL This Period (last page this line number only) ► **44676.77**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 49
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" 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) VOLUNTEERS FOR SHIMKUS		Date of Receipt
	Mailing Address PO BOX 661		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	COLLINSVILLE	IL	62234
	FEC ID number of contributing federal political committee.		Transaction ID: SA16.11859
	<input type="text" value="C"/> C00258855		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="3000.00"/>	
Receipt For: 2010	Aggregate Year-to-Date ▼	Refund of excess contribution for 2010 General	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="3000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3000.00"/>

**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 2011 PAC Contribution</p> <p>Candidate Name AHIP PAC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11841</p> <p>Date of Disbursement MM / DD / YYYY 04 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) BLUMENTHAL FOR SENATE</p> <p>Mailing Address 777 SUMMER STREET</p> <p>City STAMFORD State CT Zip Code 06901</p> <p>Purpose of Disbursement 2011 Debt Retirement</p> <p>Candidate Name BLUMENTHAL FOR SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT 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: SB23.11846</p> <p>Date of Disbursement MM / DD / YYYY 06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BUCK MCKEON FOR CONGRESS</p> <p>Mailing Address 24265 San Fernando Road</p> <p>City Santa Clarita State CA Zip Code 91321</p> <p>Purpose of Disbursement 2011 Primary Contribution - Stop pay placed on 5/2/2011</p> <p>Candidate Name BUCK MCKEON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 25</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11858</p> <p>Date of Disbursement MM / DD / YYYY 04 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</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

A. Full Name (Last, First, Middle Initial) BUCK MCKEON FOR CONGRESS <hr/> Mailing Address 24265 San Fernando Road <hr/> City Santa Clarita State CA Zip Code 91321 <hr/> Purpose of Disbursement Stop pay placed on check #2202 issued on 4/15/2011 Candidate Name BUCK MCKEON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11853 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period -3000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) BUCK MCKEON FOR CONGRESS <hr/> Mailing Address 24265 San Fernando Road <hr/> City Santa Clarita State CA Zip Code 91321 <hr/> Purpose of Disbursement 2011 Primary Contribution - Replacement for ch# 2202 Candidate Name BUCK MCKEON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25 Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11843 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 3000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) CARPER FOR SENATE <hr/> Mailing Address 19 EAST COMMONS BLVD <hr/> City NEW CASTLE State DE Zip Code 19720 <hr/> Purpose of Disbursement 2011 Primary contribution Candidate Name CARPER FOR SENATE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11833 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 1 1
	Amount of Each Disbursement this Period 3000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	3000.00

**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) 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 2011 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: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11836 Date of Disbursement 03 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DEVIN NUNES CAMPAIGN COMMITTEE</p> <p>Mailing Address PO BOX 6545</p> <p>City VISALIA State CA Zip Code 93290</p> <p>Purpose of Disbursement 2011 Primary Contribution</p> <p>Candidate Name DEVIN NUNES CAMPAIGN COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11849 Date of Disbursement 06 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE</p> <p>Mailing Address 1212 S VICTORY BLVD</p> <p>City BURBANK State CA Zip Code 91502</p> <p>Purpose of Disbursement 2011 Primary Contribution</p> <p>Candidate Name FEINSTEIN FOR SENATE</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: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11839 Date of Disbursement 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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) FEINSTEIN FOR SENATE</p> <p>Mailing Address 1212 S VICTORY BLVD</p> <p>City BURBANK State CA Zip Code 91502</p> <p>Purpose of Disbursement 2011 Primary Contribution</p> <p>Candidate Name FEINSTEIN FOR SENATE</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: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11847 Date of Disbursement 06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS</p> <p>Mailing Address PO BOX 775</p> <p>City UNIONVILLE State PA Zip Code 19375</p> <p>Purpose of Disbursement Primary contribution</p> <p>Candidate Name FRIENDS OF JOE PITTS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11825 Date of Disbursement 01 / 12 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS</p> <p>Mailing Address 818 Connecticut Avenue, NW Suite 1100</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement 2011 Primary contribution</p> <p>Candidate Name FRIENDS OF MAX BAUCUS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11835 Date of Disbursement 03 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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) KEVIN MCCARTHY FOR CONGRESS</p> <p>Mailing Address 455 Capitol Mall Suite 801</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 2011 Primary Contribution</p> <p>Candidate Name KEVIN MCCARTHY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11851</p> <p>Date of Disbursement 03 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LEADERSHIP OF TODAY AND TOMORROW</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2011 General Contribution</p> <p>Candidate Name LEADERSHIP OF TODAY AND TOMORROW</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11848</p> <p>Date of Disbursement 06 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS</p> <p>Mailing Address PO BOX 1738</p> <p>City SACRAMENTO State CA Zip Code 95812</p> <p>Purpose of Disbursement Stop pay placed on check# 2149 issued on 7/28/2010</p> <p>Candidate Name MATSUI FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11856</p> <p>Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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) NEBRASKA LEADERSHIP PAC (NELPAC)</p> <p>Mailing Address P.O. Box 3325</p> <p>City Omaha State NE Zip Code 68103</p> <p>Purpose of Disbursement 2011 PAC Contribution</p> <p>Candidate Name NEBRASKA LEADERSHIP PAC (NELPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.11840 Date of Disbursement 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) PAC FOR A CHANGE</p> <p>Mailing Address 777 S. FIGUEROA STREET, STE. 4050</p> <p>City LOS ANGELES State CA Zip Code 90017</p> <p>Purpose of Disbursement 2011 PAC Contribution</p> <p>Candidate Name PAC FOR A CHANGE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.11830 Date of Disbursement 03 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SCOTT BROWN FOR US SENATE COMMITTEE</p> <p>Mailing Address PO BOX 395</p> <p>City WRENTHAM State MA Zip Code 02903</p> <p>Purpose of Disbursement Primary contribution</p> <p>Candidate Name SCOTT BROWN FOR US SENATE COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 00</p>	<p>Transaction ID: SB23.11829 Date of Disbursement 02 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	4500.00
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) SOLIDARITY PAC	Transaction ID: SB23.11845
	Mailing Address 607 14th Street N.W. Suite 800	Date of Disbursement 06 / 02 / 2011
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2011 PAC Contribution	Category/ Type
	Candidate Name SOLIDARITY PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Udall for Colorado	Transaction ID: SB23.11842
	Mailing Address PO BOX 40158	Date of Disbursement 04 / 19 / 2011
	City DENVER State CO Zip Code 80204	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2011 Primary Contribution	Category/ Type
	Candidate Name Udall for Colorado	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE	Transaction ID: SB23.11827
	Mailing Address PO Box 1007	Date of Disbursement 02 / 02 / 2011
	City Willows State CA Zip Code 95988	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Primary contribution	Category/ Type
	Candidate Name WALLY HERGER FOR CONGRESS COMMITTEE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)
WHITEHOUSE FOR SENATE

Mailing Address P.O. BOX 40280

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement
2011 Primary Contribution

Candidate Name
WHITEHOUSE FOR SENATE

Office Sought: House
 Senate
 President

State: RI District: 00

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.11837

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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 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 checked="" 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) Bank, Fees <hr/> Mailing Address 345 Montgomery Street <hr/> City San Francisco State CA Zip Code 94101 <hr/> Purpose of Disbursement Account analysis fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11862 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 31.68
B. Full Name (Last, First, Middle Initial) Bank, Fees <hr/> Mailing Address 345 Montgomery Street <hr/> City San Francisco State CA Zip Code 94101 <hr/> Purpose of Disbursement Account analysis fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11861 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 30.71

SUBTOTAL of Disbursements This Page (optional)	62.39
TOTAL This Period (last page this line number only)	62.39