

# 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  
18-105  
 Check if different than previously reported. (ACC)  
SAN FRANCISCO CA 94105

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2006 through 09 30 2006

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 Karman Chan

Signature of Treasurer Electronically Filed by Karman Chan Date 10 13 2006

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

**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 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 6 |  | 49454.86 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 6 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 44176.55                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 20201.71                | 54942.96                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 64378.26                | 104397.82                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 19264.85                | 59284.41                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 45113.41                | 45113.41                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 14848.77                      | 30812.91                          |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 5352.94                       | 22630.05                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 20201.71                      | 53442.96                          |
| (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) .....     | 20201.71                      | 53442.96                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 1500.00                           |
| 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)) .....                          | 20201.71                      | 54942.96                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 20201.71                      | 54942.96                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 21. Operating Expenditures:   |                                       |   |
| (a) Shared Federal/Non-Federal<br>Activity (from Schedule H4)   |                                       |   |
| (i) Federal Share.....  | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....   | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating<br>Expenditures.....  | 0.00                                  | 0.00                                      |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii) and (b)).....                              | 0.00                                  | 0.00                                      |
| 22. Transfers to Affiliated/Other Party<br>Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to<br>Federal Candidates/Committees.....<br>and Other Political Committees.....     | 19250.00                              | 59000.00                                  |
| 24. Independent Expenditure<br>(use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party<br>Committees (2 U.S.C. 441a(d))<br>(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<br>Than Political Committees .....                                      | 0.00                                  | 0.00                                      |
| (b) Political Party Committees  | 0.00                                  | 0.00                                      |
| (c) Other Political Committees<br>(such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds<br>(add Lines 28(a), (b), and (c)) .....                               | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....  | 14.85                                 | 284.41                                    |
| 30. Federal Election Activity (2 U.S.C 431(20))   |                                       |   |
| (a) Shared Federal Election Activity<br>(from Schedule H6)  |                                       |   |
| (i) Federal Share .....   | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....  | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds .....                               | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))....                  | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22,<br>23, 24, 25, 26, 27, 28(d), 29 and 30(c))..           | 19264.85                              | 59284.41                                  |
| 32. Total Federal Disbursements<br>(subtract Line 21(a)(ii) from Line 30(a)(ii)<br>from Line 31)..... | 19264.85                              | 59284.41                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 20201.71                      | 53442.96                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 20201.71                      | 53442.96                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 37                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

|   |  |   |
|---|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Kenneth Sean Allen   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 109049<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6547                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>140.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$140.00                       |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>380.00           |   |

|   |  |   |
|---|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Dennis Alva  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 109311<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6552                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>120.12 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$120.12                       |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>324.34           |   |

|   |  |   |
|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Donovan Ayers  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 095117, 50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6533                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>140.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$140.00                       |
| Name of Employer<br>Blue Shield   | Occupation<br>employee                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00           |   |

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|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 400.12      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 37                  |
|  | <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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Benjamin Bell</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 16357<br>50 Beale Street  |  | Transaction ID: SA11A1.6483                              |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>170.45 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$170.45                  |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>460.89           |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Douglas Biehn</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 112903, 50 Beale Street   |  | Transaction ID: SA11A1.6615                              |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>140.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$140.00                  |
| Name of Employer<br>Blue Shield   | Occupation<br>employee                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00           |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Bruce Bodaken</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 16451<br>50 Beale Street  |  | Transaction ID: SA11A1.6484                              |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>420.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$420.00                  |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Chief Executive Officer        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1140.00          |  |

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|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 730.45 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 37                  |
|  | <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**

|  |   |   |
|--|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Eric Book                 |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 110719<br>50 Beale Street                                  |   | <b>Transaction ID:</b> SA11A1.6573                            |
| City State Zip Code<br>San Francisco CA 94105                                  | Amount of Each Receipt this Period<br>280.00  |   |
| FEC ID number of contributing federal political committee.<br>C                | Payroll contribution per cycle \$280.00   |   |
| Name of Employer Occupation<br>Blue Shield of California Chief Medical Officer | Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 760.00 |   |

|  |   |   |
|--|---|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Gifford Boyce-Smith |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 19629<br>50 Beale Street                             |   | <b>Transaction ID:</b> SA11A1.6497                            |
| City State Zip Code<br>San Francisco CA 94105                            | Amount of Each Receipt this Period<br>350.00  |   |
| FEC ID number of contributing federal political committee.<br>C          | Payroll contribution per cycle \$350.00   |   |
| Name of Employer Occupation<br>Blue Shield of California Employee        | Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 950.00 |   |

|  |   |   |
|--|---|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Linda Bronson |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 114382, 50 Beale Street                        |   | <b>Transaction ID:</b> SA11A1.6654                            |
| City State Zip Code<br>San Francisco CA 94105                      | Amount of Each Receipt this Period<br>105.00  |   |
| FEC ID number of contributing federal political committee.<br>C    | Payroll contribution per cycle \$105.00   |   |
| Name of Employer Occupation<br>Blue Cross employee                 | Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 210.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 735.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 37                  |
|  | <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**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Thomas Brophy</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 114076, 50 Beale Street   |  | <b>Transaction ID: SA11A1.6650</b>                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>140.00 |   |
| FEC ID number of contributing federal political committee.<br>C   | Payroll contribution per cycle \$140.00      |   |
| Name of Employer Occupation<br>Blue Cross employee  | Aggregate Year-to-Date ▼<br>280.00           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Andrea Brown</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 110187, 50 Beale Street   |  | <b>Transaction ID: SA11A1.6569</b>                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>350.00 |   |
| FEC ID number of contributing federal political committee.<br>C   | Payroll contribution per cycle \$350.00      |   |
| Name of Employer Occupation<br>BSC employee   | Aggregate Year-to-Date ▼<br>700.00           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. William Brown</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 059004, 50 Beale Street   |  | <b>Transaction ID: SA11A1.6524</b>                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>146.02 |   |
| FEC ID number of contributing federal political committee.<br>C   | Payroll contribution per cycle \$146.02      |   |
| Name of Employer Occupation<br>Blue Shield employee   | Aggregate Year-to-Date ▼<br>292.04           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 636.02 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 37                 |
|  | <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)  
 Michael-Anne Browne

Mailing Address emp 111514  
 50 Beale Street

City State Zip Code  
 San Francisco CA 94105

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

Name of Employer Occupation  
 Blue Shield of California Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** SA11A1.6578

Amount of Each Receipt this Period  
 175.00

Payroll contribution per cycle \$175.00

**B.** Full Name (Last, First, Middle Initial)  
 Wendy Cerruti

Mailing Address emp 112821, 50 Beale Street

City State Zip Code  
 San Francisco CA 94105

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

Name of Employer Occupation  
 Blue Shield employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** SA11A1.6613

Amount of Each Receipt this Period  
 350.00

Payroll contribution per cycle \$350.00

**C.** Full Name (Last, First, Middle Initial)  
 George R. Chadwell

Mailing Address emp 110628  
 50 Beale Street

City State Zip Code  
 San Francisco CA 94105

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

Name of Employer Occupation  
 Blue Shield of California Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.97

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** SA11A1.6572

Amount of Each Receipt this Period  
 89.11

Payroll contribution per cycle \$89.11

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>614.11</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 37                 |
|  | <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)  
 Deborah Chase

Mailing Address emp 114029, 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 Occupation employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** SA11A1.6646

Amount of Each Receipt this Period  
 140.00

Payroll contribution per cycle \$140.00

**B.** Full Name (Last, First, Middle Initial)  
 Christopher Ciano

Mailing Address emp 112575  
 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 ▼ 665.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** SA11A1.6610

Amount of Each Receipt this Period  
 245.00

Payroll contribution per cycle \$245.00

**C.** Full Name (Last, First, Middle Initial)  
 Theresa Clarke

Mailing Address emp 113787, 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 Occupation employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** SA11A1.6641

Amount of Each Receipt this Period  
 175.00

Payroll contribution per cycle \$175.00

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>560.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 37                 |
|  | <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**

|   |  |   |
|---|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Bob Clifton  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 111654<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6583                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>140.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$140.00                       |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>380.00           |   |

|   |  |   |
|---|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Brian Clinch   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 45006<br>50 Beale Street  |  | <b>Transaction ID:</b> SA11A1.6518                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>335.73 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$335.73                       |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Vice President, Sales          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>855.28           |   |

|   |  |   |
|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Bruce Cohen  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 095327, 50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6536                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>140.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$140.00                       |
| Name of Employer<br>Blue Shield   | Occupation<br>employee                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00           |   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 615.73      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 13 / 37 |
|  | <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**

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Edward Cymerys   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 114609, 50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6660                       |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>700.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   | Payroll contribution per cycle \$700.00      |  |
| Name of Employer Blue Shield      Occupation employee   | Aggregate Year-to-Date ▼<br>1400.00          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |  |  |
|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Patricia R. Domenickine  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 111504<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6577                       |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>157.99 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   | Payroll contribution per cycle \$157.99      |  |
| Name of Employer Blue Shield of California      Occupation Employee   | Aggregate Year-to-Date ▼<br>424.48           |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |  |  |
|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Peter Duncan   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 111590<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6580                       |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>175.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   | Payroll contribution per cycle \$175.00      |  |
| Name of Employer Blue Shield of California      Occupation Employee   | Aggregate Year-to-Date ▼<br>475.00           |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1032.99 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 37                 |
|  | <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**

|   |  |  |  |
|---|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Craig I. Elsdon-Dew  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 113625<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6635                       |  |
| City State Zip Code<br>San Francisco CA 94105   |  | Amount of Each Receipt this Period<br>77.77              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$77.77                   |  |
| Name of Employer Occupation<br>Blue Shield of California Employee   |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>209.49                       |  |

|   |  |  |  |
|---|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Thomas Epstein   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 110249<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6570                       |  |
| City State Zip Code<br>San Francisco CA 94105   |  | Amount of Each Receipt this Period<br>420.00             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$420.00                  |  |
| Name of Employer Occupation<br>Blue Shield of California Vice President, Public Affairs                                   |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1140.00                      |  |

|   |  |  |  |
|---|--|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Kathryn M. Ferguson  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 32319<br>50 Beale Street  |  | <b>Transaction ID:</b> SA11A1.6514                       |  |
| City State Zip Code<br>San Francisco CA 94105   |  | Amount of Each Receipt this Period<br>105.00             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$105.00                  |  |
| Name of Employer Occupation<br>Blue Shield of California Employee   |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>260.00                       |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 602.77 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 37                 |
|  | <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)  
Betsy Figueiro-Steinbrueck

Mailing Address emp 54003  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Occupation  
Blue Shield of California Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
235.67

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.6520

Amount of Each Receipt this Period  
98.57

Payroll contribution per cycle \$98.57

**B.** Full Name (Last, First, Middle Initial)  
Jaqueline Foster

Mailing Address emp 112030, 50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Occupation  
Blue Shield employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.6595

Amount of Each Receipt this Period  
105.00

Payroll contribution per cycle \$105.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Geyer

Mailing Address emp 42026  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Occupation  
Blue Shield of California Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: SA11A1.6516

Amount of Each Receipt this Period  
175.00

Payroll contribution per cycle \$175.00

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>378.57</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 37                 |
|  | <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**

|   |  |   |
|---|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ketan Gima   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 112246<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6603                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>350.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$350.00                       |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Manager                        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>950.00           |   |

|   |   |   |
|---|---|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Laura E. Gooler  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 113778<br>50 Beale Street   |   | <b>Transaction ID:</b> SA11A1.6639                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>73.85 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Payroll contribution per cycle \$73.85                        |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>200.45          |   |

|   |   |   |
|---|---|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Helena Hoffman   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 95671<br>50 Beale Street  |   | <b>Transaction ID:</b> SA11A1.6540                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>77.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Payroll contribution per cycle \$77.00                        |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>209.00          |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 500.85 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 37                 |
|  | <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**

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Tony R. Ibarra   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 112981<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6619                       |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>105.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$105.00                  |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>285.00           |  |

|   |  |  |
|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Marianne Jackson   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 112372<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6606                       |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>385.70         |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$385.70                  |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Senior Vice President, Human Resources |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1029.80                  |  |

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|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Michael Johnson  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 111769<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6587                       |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>113.05 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$113.05                  |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>302.80           |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 603.75 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 37                 |
|  | <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**

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>David Joyner   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 19639<br>50 Beale Street  |  | <b>Transaction ID:</b> SA11A1.6498                       |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>140.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$140.00                  |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Vice President                 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>380.00           |  |

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|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Heidi Kunz   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 112238<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6602                       |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>756.63 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$756.63                  |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Chief Financial Officer        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2033.67          |  |

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|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Richard D. Lee   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 10807<br>50 Beale Street  |  | <b>Transaction ID:</b> SA11A1.6476                       |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>140.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$140.00                  |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>380.00           |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1036.63 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 37                 |
|  | <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**

|   |  |   |
|---|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Christopher Long   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 109838<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6561                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>103.67 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$103.67                       |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>276.34           |   |

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|---|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Kathleen M. Lucke  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 111911<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6589                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>163.59 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$163.59                       |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>427.47           |   |

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|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Michael Lujan  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 112179<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6600                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>175.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$175.00                       |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>475.00           |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 442.26 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 37                 |
|  | <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)  
Kathleen Lynaugh

Mailing Address emp 109411  
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 ▼ 570.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: SA11A1.6557

Amount of Each Receipt this Period  
210.00

Payroll contribution per cycle \$210.00

**B.** Full Name (Last, First, Middle Initial)  
David Lytle

Mailing Address emp 109982  
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 ▼ 380.00

Date of Receipt  
09 / 30 / 2006

Transaction ID: SA11A1.6567

Amount of Each Receipt this Period  
140.00

Payroll contribution per cycle \$140.00

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

Mailing Address emp 113314, 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 ▼ 527.80

Date of Receipt  
09 / 30 / 2006

Transaction ID: SA11A1.6630

Amount of Each Receipt this Period  
263.90

Payroll contribution per cycle \$263.90

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>613.90</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 37                 |
|  | <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)  
 Paul Markovich

Mailing Address emp 16510  
 50 Beale Street

City State Zip Code  
 San Francisco CA 94105

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

Name of Employer Occupation  
 Blue Shield of California Employee

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 730.74

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

**Transaction ID: SA11A1.6488**

Amount of Each Receipt this Period  
 269.22

Payroll contribution per cycle \$269.22

**B.** Full Name (Last, First, Middle Initial)  
 Cynthia Martin

Mailing Address emp 111441  
 50 Beale Street

City State Zip Code  
 San Francisco CA 94105

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

Name of Employer Occupation  
 Blue Shield of California Employee

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 476.54

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

**Transaction ID: SA11A1.6576**

Amount of Each Receipt this Period  
 177.17

Payroll contribution per cycle \$177.17

**C.** Full Name (Last, First, Middle Initial)  
 Beverly Mead

Mailing Address emp 114087  
 50 Beale St.

City State Zip Code  
 San Francisco CA 94105

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

Name of Employer Occupation  
 Blue Shield of California Employee

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2006

**Transaction ID: SA11A1.6651**

Amount of Each Receipt this Period  
 140.00

Payroll contribution per cycle \$140.00

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>586.39</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 37                 |
|  | <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**

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Kristen Miranda  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 113904, 50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6644                       |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>105.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   | Payroll contribution per cycle \$105.00      |  |
| Name of Employer Blue Shield<br>Occupation employee   | Aggregate Year-to-Date ▼<br>210.00           |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |  |  |
|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Cathleen Murphy  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 113067, 50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6620                       |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>175.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   | Payroll contribution per cycle \$175.00      |  |
| Name of Employer Blue Shield<br>Occupation employee   | Aggregate Year-to-Date ▼<br>350.00           |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |  |  |
|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Debbie Naegle  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address emp 16484<br>50 Beale Street  |  | <b>Transaction ID:</b> SA11A1.6486                       |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>205.94 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   | Payroll contribution per cycle \$205.94      |  |
| Name of Employer Blue Shield of California<br>Occupation Employee   | Aggregate Year-to-Date ▼<br>522.81           |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

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|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>485.94</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 / 37                 |
|  | <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**

|   |   |   |
|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Emmalee Noble  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 19608<br>50 Beale Street  |   | <b>Transaction ID:</b> SA11A1.6496                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>20.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Payroll contribution per cycle \$20.00                        |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Controller                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00          |   |

|   |  |   |
|---|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Robert Novelli   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 111112<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6574                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>456.33 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$456.33                       |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Senior Vice President          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1238.62          |   |

|   |  |   |
|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Kathy Richards   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 109053<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6548                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>350.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$350.00                       |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Director                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>950.00           |   |

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|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | <b>826.33</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                                   |   |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 24 / 37  |
| <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**

|   |  |  |  |
|---|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Gretchen Richardson  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 111944, 50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6591                       |  |
| City State Zip Code<br>San Francisco CA 94105   |  | Amount of Each Receipt this Period<br>140.00             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$140.00                  |  |
| Name of Employer Blue Shield Occupation employee  |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>280.00                       |  |

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|---|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mika D. Riedinger  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 27156 50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6507                       |  |
| City State Zip Code<br>San Francisco CA 94105   |  | Amount of Each Receipt this Period<br>125.43             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$125.43                  |  |
| 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 ▼<br>282.22                       |  |

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|---|--|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Karen Rinaldi  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 111645 50 Beale Street  |  | <b>Transaction ID:</b> SA11A1.6582                       |  |
| City State Zip Code<br>San Francisco CA 94105   |  | Amount of Each Receipt this Period<br>83.73              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$83.73                   |  |
| 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 ▼<br>224.71                       |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>349.16</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 / 37                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/>                | <input type="checkbox"/> 17  |

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

|  |   |   |
|--|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Lisa Rubino               |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 75263<br>50 Beale Street                                   |   | <b>Transaction ID:</b> SA11A1.6529                            |
| City State Zip Code<br>San Francisco CA 94105                                  | Amount of Each Receipt this Period<br>210.00  |   |
| FEC ID number of contributing federal political committee.<br>C                | Payroll contribution per cycle \$210.00   |   |
| Name of Employer Occupation<br>Blue Shield of California Senior Vice President | Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 570.00 |   |

|  |   |   |
|--|---|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Joseph Safran |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 109164, 50 Beale Street                        |   | <b>Transaction ID:</b> SA11A1.6550                            |
| City State Zip Code<br>San Francisco CA 94105                      | Amount of Each Receipt this Period<br>140.00  |   |
| FEC ID number of contributing federal political committee.<br>C    | Payroll contribution per cycle \$140.00   |   |
| Name of Employer Occupation<br>Blue Shield employee                | Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 280.00 |   |

|   |   |   |
|---|---|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Robert Spector |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 114420, 50 Beale Street                         |   | <b>Transaction ID:</b> SA11A1.6655                            |
| City State Zip Code<br>San Francisco CA 94105                       | Amount of Each Receipt this Period<br>113.26  |   |
| FEC ID number of contributing federal political committee.<br>C     | Payroll contribution per cycle \$113.26   |   |
| Name of Employer Occupation<br>Blue Shield employee                 | Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 374.42 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 463.26 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 / 37                 |
|  | <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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Nancy Stalker</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 16479<br>50 Beale Street  |   | <b>Transaction ID: SA11A1.6485</b>                       |  |
| City State Zip Code<br>San Francisco CA 94105   |   | Amount of Each Receipt this Period<br>210.00             |  |
| FEC ID number of contributing federal political committee.<br>C   |   | Payroll contribution per cycle \$210.00                  |  |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Vice President, Pharmacy Services |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>570.00              |  |  |

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mary C. St John</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 95485<br>50 Beale Street  |                                    | <b>Transaction ID: SA11A1.6538</b>                       |  |
| City State Zip Code<br>San Francisco CA 94105   |                                    | Amount of Each Receipt this Period<br>175.00             |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Payroll contribution per cycle \$175.00                  |  |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>475.00 |  |  |

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Douglas Sturnick</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 111996<br>50 Beale Street   |                                    | <b>Transaction ID: SA11A1.6594</b>                       |  |
| City State Zip Code<br>San Francisco CA 94105   |                                    | Amount of Each Receipt this Period<br>152.72             |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Payroll contribution per cycle \$152.72                  |  |
| Name of Employer<br>Blue Shield of California   | Occupation<br>Employee             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>393.14 |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 537.72 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 37                 |
|  | <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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Lyle Swallow</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 18612<br>50 Beale Street  |  | <b>Transaction ID: SA11A1.6494</b>                       |  |
| City State Zip Code<br>San Francisco CA 94105   |  | Amount of Each Receipt this Period<br>280.00             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$280.00                  |  |
| Name of Employer Occupation<br>Blue Shield of California Counsel  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>760.00                       |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Eric Terndrup</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 114199<br>50 Beale St.  |  | <b>Transaction ID: SA11A1.6652</b>                       |  |
| City State Zip Code<br>San Francisco CA 94105   |  | Amount of Each Receipt this Period<br>153.25             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$153.25                  |  |
| Name of Employer Occupation<br>Blue Shield of California Employee   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>472.23                       |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Angelique Tompkins</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 112717<br>50 Beale Street   |  | <b>Transaction ID: SA11A1.6612</b>                       |  |
| City State Zip Code<br>San Francisco CA 94105   |  | Amount of Each Receipt this Period<br>105.00             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$105.00                  |  |
| Name of Employer Occupation<br>Blue Shield of California Employee   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>285.00                       |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 538.25 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 28 / 37 |
|  | <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

|   |  |  |  |
|---|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Florence VanGeem   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 108247<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6544                       |  |
| City State Zip Code<br>San Francisco CA 94105   |  | Amount of Each Receipt this Period<br>137.90             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$137.90                  |  |
| Name of Employer Occupation<br>Blue Shield of California Employee   |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>369.64                       |  |

|   |  |  |  |
|---|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Robert Wadsworth   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 18560<br>50 Beale Street  |  | <b>Transaction ID:</b> SA11A1.6493                       |  |
| City State Zip Code<br>San Francisco CA 94105   |  | Amount of Each Receipt this Period<br>120.77             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$120.77                  |  |
| Name of Employer Occupation<br>Blue Shield of California Employee   |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>296.20                       |  |

|   |  |  |  |
|---|--|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Peter Walker   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006 |  |
| Mailing Address emp 109506<br>50 Beale Street   |  | <b>Transaction ID:</b> SA11A1.6558                       |  |
| City State Zip Code<br>San Francisco CA 94105   |  | Amount of Each Receipt this Period<br>112.49             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Payroll contribution per cycle \$112.49                  |  |
| Name of Employer Occupation<br>Blue Shield of California Employee   |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>303.88                       |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 371.16 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 / 37                 |
|  | <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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Diane Watts</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 113379, 50 Beale Street   |  | <b>Transaction ID: SA11A1.6633</b>                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>140.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   | Payroll contribution per cycle \$140.00      |   |
| Name of Employer Blue Shield Occupation employee  | Aggregate Year-to-Date ▼<br>280.00           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms Janet D. Widmann</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 111756 50 Beale Street  |  | <b>Transaction ID: SA11A1.6586</b>                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>140.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   | Payroll contribution per cycle \$140.00      |   |
| Name of Employer Blue Shield of California Occupation Employee  | Aggregate Year-to-Date ▼<br>380.00           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Ms Fiona M. Wilmot</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6 |
| Mailing Address emp 111587 50 Beale Street  |  | <b>Transaction ID: SA11A1.6579</b>                            |
| City State Zip Code<br>San Francisco CA 94105   | Amount of Each Receipt this Period<br>124.67 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   | Payroll contribution per cycle \$124.67      |   |
| Name of Employer Blue Shield of California Occupation Employee  | Aggregate Year-to-Date ▼<br>332.24           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 404.67 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 30 / 37                 |
|  | (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)  
Carol Wise

Mailing Address emp 109914  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Occupation  
Blue Shield of California Employee

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.19

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

Transaction ID: SA11A1.6563

Amount of Each Receipt this Period  
82.74

Payroll contribution per cycle \$82.74

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

Mailing Address emp 11926  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Occupation  
Blue Shield of California Senior Medical Director

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

Transaction ID: SA11A1.6590

Amount of Each Receipt this Period  
700.00

Payroll contribution per cycle \$700.00

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 782.74   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 14848.77 |

# 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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AHIP</b>  |  | Transaction ID: SB23.6680<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 2 / 2 0 0 6 |
| Mailing Address 601 Penn. Avenue NW  |  | Amount of Each Disbursement this Period<br>2500.00  |
| City WASHINGTON State DC Zip Code 20004  | Category/<br>Type  |   |
| Purpose of Disbursement<br>PAC   |  |   |
| Candidate Name<br>AHIP PAC   |  |   |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AHIP PAC</b>  |  | Transaction ID: SB23.6471<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 2 / 2 0 0 6 |
| Mailing Address 601 Penn. Avenue NW #500 South Bldg.   |  | Amount of Each Disbursement this Period<br>-5000.00   |
| City WASHINGTON State DC Zip Code 20004  | Category/<br>Type  |   |
| Purpose of Disbursement<br>Return of contribution check  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JEFF BINGAMAN</b>  |  | Transaction ID: SB23.6681<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 6 / 2 0 0 6 |
| Mailing Address PO BOX 16210  |  | Amount of Each Disbursement this Period<br>2000.00  |
| City ALBUQUERQUE State NM Zip Code 87191  | Category/<br>Type  |   |
| Purpose of Disbursement<br>PAC  |  |   |
| Candidate Name<br>JEFF BINGAMAN   |  |   |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NM District: 00 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | -500.00 |
| <b>TOTAL</b> 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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MARY BONO</b>  |  | Transaction ID: SB23.6694<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 5 / 2 0 0 6 |
| Mailing Address PO BOX 3370   |  | Amount of Each Disbursement this Period<br>1000.00  |
| City PALM SPRINGS   | State CA   |   |
| Zip Code 92263  | Category/Type  |   |
| Purpose of Disbursement PAC   |  |   |
| Candidate Name MARY BONO  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: CA District: 45  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. NATHAN DEAL</b>  |  | Transaction ID: SB23.6685<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 2 3 / 2 0 0 6 |
| Mailing Address PO BOX 902  |  | Amount of Each Disbursement this Period<br>1000.00  |
| City GAINESVILLE  | State GA   |   |
| Zip Code 30503  | Category/Type  |   |
| Purpose of Disbursement PAC   |  |   |
| Candidate Name NATHAN DEAL  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: GA District: 09  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DREIER FOR CONGRESS COMMITTEE</b>  |  | Transaction ID: SB23.6675<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 7 / 2 0 0 6 |
| Mailing Address P.O. BOX 505  |  | Amount of Each Disbursement this Period<br>2000.00  |
| City UPLAND   | State CA   |   |
| Zip Code 91785  | Category/Type  |   |
| Purpose of Disbursement PAC   |  |   |
| Candidate Name DREIER FOR CONGRESS COMMITTEE  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: CA District: 26  |  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4000.00 |
| <b>TOTAL</b> 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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JUDITH FEDER</b>   |  | Transaction ID: SB23.6692<br>Date of Disbursement<br>07 / 25 / 2006 |
| Mailing Address 1514 HARDWOOD LANE  |  | Amount of Each Disbursement this Period<br>500.00                   |
| City MCLEAN State VA Zip Code 20001   | Category/<br>Type  |   |
| Purpose of Disbursement<br>PAC  |  |   |
| Candidate Name<br>JUDITH FEDER  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: VA District: 10 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. WALTER (WALLY) JR HERGER</b>   |  | Transaction ID: SB23.6683<br>Date of Disbursement<br>08 / 14 / 2006 |
| Mailing Address P.O. Box 1500<br>P.O. Box 1   |  | Amount of Each Disbursement this Period<br>1000.00                  |
| City CHICO State CA Zip Code 95927  | Category/<br>Type  |   |
| Purpose of Disbursement<br>PAC  |  |   |
| Candidate Name<br>WALTER (WALLY) JR HERGER  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: CA District: 02 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DUNCAN HUNTER</b>  |  | Transaction ID: SB23.6666<br>Date of Disbursement<br>07 / 25 / 2006 |
| Mailing Address 9340 Fuerte Drive Suite 302   |  | Amount of Each Disbursement this Period<br>1750.00                  |
| City La Mesa State CA Zip Code 91941  | Category/<br>Type  |   |
| Purpose of Disbursement<br>PAC  |  |   |
| Candidate Name  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: CA District: 52 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3250.00 |
| <b>TOTAL</b> 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)

PAGE 34 / 37

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JIM COSTA FOR CONGRESS</b>   |  | <b>Transaction ID: SB23.6678</b><br>Date of Disbursement  |
| Mailing Address 2037 WEST BULLARD PMB #509  |  | <input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2006"/> |
| City FRESNO   | State CA   | Zip Code 93711  |
| Purpose of Disbursement<br>PAC  | <input type="text"/>   |   |
| Candidate Name<br>JIM COSTA FOR CONGRESS  | Category/<br>Type  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: CA   | District: 20   |   |
|   |  | Amount of Each Disbursement this Period<br><input type="text" value="1000.00"/>                       |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. NANCY L. JOHNSON</b>   |  | <b>Transaction ID: SB23.6676</b><br>Date of Disbursement  |
| Mailing Address P. O. Box 1986  |  | <input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> |
| City New Britain  | State CT   | Zip Code 06050  |
| Purpose of Disbursement<br>PAC  | <input type="text"/>   |   |
| Candidate Name<br>NANCY L. JOHNSON  | Category/<br>Type  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: CT   | District: 05   |   |
|   |  | Amount of Each Disbursement this Period<br><input type="text" value="1000.00"/>                       |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. NANCY PELOSI</b>   |  | <b>Transaction ID: SB23.6684</b><br>Date of Disbursement  |
| Mailing Address 235 MONTGOMERY STREET SUITE 610   |  | <input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2006"/> |
| City SAN FRANCISCO  | State CA   | Zip Code 94104  |
| Purpose of Disbursement<br>PAC  | <input type="text"/>   |   |
| Candidate Name<br>NANCY PELOSI  | Category/<br>Type  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: CA   | District: 08   |   |
|   |  | Amount of Each Disbursement this Period<br><input type="text" value="1500.00"/>                       |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="3500.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |



**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)

PAGE 36 / 37

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. SOLIS FOR CONGRESS</b>   |  | <b>Transaction ID: SB23.6674</b><br>Date of Disbursement  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 6380 Wilshire Blvd. #1612   |  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 3 |  | 2 | 0 | 0 | 6 |
| M   | M  | /   | D                                       | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 8  |   | 0                                       | 3 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>Los Angeles   | State<br>CA  | Zip Code<br>90048   | Amount of Each Disbursement this Period |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAC  |  | Category/<br>Type   | 1000.00                                 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: CA   | District: 32   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. VINEPAC</b>  |  | <b>Transaction ID: SB23.6667</b><br>Date of Disbursement  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 607 14th Street NW<br>Suite 800   |  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 2 | 5 |  | 2 | 0 | 0 | 6 |
| M   | M  | /   | D                                       | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 7  |   | 2                                       | 5 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>Washington  | State<br>DC  | Zip Code<br>20005   | Amount of Each Disbursement this Period |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAC (For Mike Thompson)  |  | Category/<br>Type   | 2000.00                                 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: CA   | District:  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. WAXMAN CAMPAIGN</b>  |  | <b>Transaction ID: SB23.6687</b><br>Date of Disbursement  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 8665 Wilshire Blvd. #220  |  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 3 | 0 |  | 2 | 0 | 0 | 6 |
| M   | M  | /   | D                                       | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 8  |   | 3                                       | 0 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City<br>Beverly Hills   | State<br>CA  | Zip Code<br>90211   | Amount of Each Disbursement this Period |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAC  |  | Category/<br>Type   | 2000.00                                 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>WAXMAN CAMPAIGN   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: CA   | District: 30   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 5000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 19250.00 |

**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)

PAGE 37 / 37

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

**A.** Bank of America

Mailing Address 345 Montgomery St.

City San Francisco State CA Zip Code 94101

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.6697

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

14.85

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

14.85

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

14.85