

February 20, 2002

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

To Whom It May Concern:

Our PAC receives contributions from some employees via payroll deduction and for reporting purposes we have considered that money received into our PAC, the day we deposit it into our bank account. For example, deductions from pay periods 11/01/01, 12/13/01, and 12/27/01 were included in one check dated the 24th of January and deposited on the 25th of January. This caused a \$2,525 understatement of contributions in our 2001 Year-End report. We have corrected our procedures to receive contribution checks from payroll, at the end of each pay period.

Under our previous procedures, the money would have been counted in our first report of 2002 (12-day pre-election report) but we have changed our procedures to report contributions as of the payroll date. We need to amend our Year-End report to reflect the additional \$2,525 and with your permission, we would like to amend pages 2, 3 and 4 to reflect the accurate year-end total receipts.

Please let us know if our request to amend pages 2, 3, and 4 is acceptable.

Sincerely,



Ronald Holroyd

Treasurer

Blue Shield of California, PAC

RECEIVED
 FEC MAIL
 OPERATING CENTER
 2002 NOV -1 A 11:30
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**FEC
 FORM 3X**

**REPORT OF RECEIPTS
 AND DISBURSEMENTS**
 For Other Than An Authorized Committee

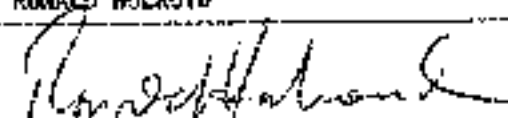
1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over this line. 12FE4M5
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 50 DEALE STREET
 Check if different than previously reported. (ACC) SAN FRANCISCO CA 94105 - 1905

2. FEC IDENTIFICATION NUMBER 00340364 CITY STATE ZIP CODE
 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 Year-End 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 (12S)
 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 10 31 2001 through 12 31 2001

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 RONALD HOLROYD
 Signature of Treasurer  Date 10 31 2002

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**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 10 01 2001 To: 12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
8. (a) Cash on Hand January 1, 2001		7,689.25
(b) Cash on Hand at Beginning of Reporting Period	16,827.37	
(c) Total Receipts (from Line 19)	8,018.00	22,172.50
(d) Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)	24,845.37	29,861.75
9. Total Disbursements (from Line 30)	10,015.66	15,032.04
10. Cash on Hand at Close of Reporting Period (subtract Line 9 from Line 8(d))	14,829.71	14,829.71
11. Debt and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
12. Debt and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

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 202-894-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 10 01 2001 To: 12 31 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (see Schedule A)	5,905.00	
(ii) Unitemized	2,133.00	
(iii) TOTAL (add Lines 11(a)(i) and (a)	8,038.00	22,172.50
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	8,038.00	22,172.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	8,038.00	22,172.50
20. Total Federal Receipts (subtract Line 18 from Line 19)	8,038.00	22,172.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,000.00	10,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements BANK FEES	15.66	32.04
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	10,015.66	15,032.04
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	10,015.66	15,032.04
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	8,018.00	22,172.50
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	8,018.00	22,172.50
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

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

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

FOR LINE NUMBER:		PAGE 1 OF 16	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be used 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

Full Name (Last, First, Middle Initial) A. ANGAR, FRANK		Date of Receipt	
Mailing Address 7754 WINDING WAY		[] [] []	
City FAIR OAKS	State CA	Zip Code 95628	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period weekly \$25 Bi-weekly Jan - Jun \$30 Bi-weekly Jul - Dec	
Name of Employer BLUE SHIELD OF CALIFORNIA	Occupation SENIOR MEDICAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 765.00		

Full Name (Last, First, Middle Initial) B. BALIN, MARTIANE		Date of Receipt	
Mailing Address 6783 SEMS DRIVE		[] [] []	
City OAKLAND	State CA	Zip Code 94611	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$10 Bi-weekly	
Name of Employer BLUE SHIELD OF CALIFORNIA	Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) C. BELAND, BONGILE		Date of Receipt	
Mailing Address 5036 PRINCESS ANNE ROAD		[] [] []	
City LA CANADA FLINTRI	State CA	Zip Code 91011	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$10 Bi-weekly	
Name of Employer BLUE SHIELD OF CALIFORNIA	Occupation VICE PRESIDENT, PROVIDER STRATEGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page has line number only)	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 2 OF 10	
<input 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) BODAKEN, BRUCE		Date of Receipt
Mailing Address 18 TURTLE ROCK COURT		<input type="text"/> <input type="text"/> <input type="text"/>
City TIBURON	State CA	Zip Code 94920
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period
Name of Employer BLUE SHIELD OF CALIFORNIA		\$25 Bi-weekly
Occupation CHAIRMAN, CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED		Aggregate Year-to-Date ▼ 700.00

B. Full Name (Last, First, Middle Initial) BONEN, DAVID		Date of Receipt
Mailing Address 281 EAGLE TRACE		<input type="text"/> <input type="text"/> <input type="text"/>
City HALFMOON BAY	State CA	Zip Code 94019
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period
Name of Employer BLUE SHIELD OF CALIFORNIA		\$40 Bi-weekly
Occupation SENIOR VICE PRESIDENT CHIEF INFORMATION OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED		Aggregate Year-to-Date ▼ 1,120.00

C. Full Name (Last, First, Middle Initial) BOWLES, DEBRA		Date of Receipt
Mailing Address 50 BEALE STREET		<input type="text"/> <input type="text"/> <input type="text"/>
City SAN FRANCISCO	State CA	Zip Code 94105
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period
Name of Employer BLUE SHIELD OF CALIFORNIA		\$15 Bi-weekly
Occupation CHIEF EXECUTIVE ANCILARY BUSINESS UNIT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED		Aggregate Year-to-Date ▼ 225.00

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

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

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

FOR LINE NUMBER: PAGE 3 OF 6

(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
CEDERBURG, CARROL

Mailing Address
9153 SHADY HOLLOW WAY

City **FAIR OAKS** State **CA** Zip Code **95628**

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

Name of Employer: **BLUE SHIELD OF CALIFORNIA** Occupation: **MEDICAL DIRECTOR**

Receipt For: Primary General Other (specify) **UNSPECIFIED**

Aggregate Year-to-Date: **250.00**

Date of Receipt: [] [] []

Amount of Each Receipt this Period:
\$10 Bi-weekly Jan-Oct
\$5 Bi-weekly Nov-Dec

B. Full Name (Last, First, Middle Initial)
COBIGA, SIB

Mailing Address
50 BEALE STREET

City **SAN FRANCISCO** State **CA** Zip Code **94105**

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

Name of Employer: **BLUE SHIELD OF CALIFORNIA** Occupation: **DIRECTOR**

Receipt For: Primary General Other (specify) **UNSPECIFIED**

Aggregate Year-to-Date: **220.00**

Date of Receipt: [] [] []

Amount of Each Receipt this Period:
\$10 Bi-weekly

C. Full Name (Last, First, Middle Initial)
CULTS-CASTRO, KELLI

Mailing Address
2472 CAMINO DE JUJAR

City **SAN RAMON** State **CA** Zip Code **94583**

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

Name of Employer: **BLUE SHIELD OF CALIFORNIA** Occupation: **DIRECTOR, MARKET SERVICES**

Receipt For: Primary General Other (specify) **UNSPECIFIED**

Aggregate Year-to-Date: **260.00**

Date of Receipt: [] [] []

Amount of Each Receipt this Period:
\$10 bi-weekly

SUBTOTAL of Receipts This Page (optional) [] [] []

TOTAL This Period (last page this line number only) [] [] []

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 4 OF 16	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
DELEON, MANNY

Mailing Address
9023 AVALON STREET

City State Zip Code
ALTA LOMA CA 91701

FEC ID number of contributing federal political committee: C

Name of Employer Occupation
BLUE SHIELD OF CALIFORNIA MEDICARE TELEMARKETING

Receipt For: Primary General Other (specify) ▼ UNSPECIFIED

Aggregate Year-to-Date ▼
280.00

Date of Receipt: [] [] []

Amount of Each Receipt this Period
\$10 bi-weekly

B. Full Name (Last, First, Middle Initial)
DRAKE, MARJORIE

Mailing Address
14690 SANDAR ROAD

City State Zip Code
PINE GROVE CA 95665

FEC ID number of contributing federal political committee: C

Name of Employer Occupation
BLUE SHIELD OF CALIFORNIA IFP UNDERWRITING

Receipt For: Primary General Other (specify) ▼ UNSPECIFIED

Aggregate Year-to-Date ▼
280.00

Date of Receipt: [] [] []

Amount of Each Receipt this Period
\$10 Bi-weekly

C. Full Name (Last, First, Middle Initial)
EAGLETON, NANCY

Mailing Address
18566 WESSEX STREET

City State Zip Code
SAN DIEGO CA 92128

FEC ID number of contributing federal political committee: C

Name of Employer Occupation
BLUE SHIELD OF CALIFORNIA SENIOR ACCOUNT EXECUTIVE

Receipt For: Primary General Other (specify) ▼ UNSPECIFIED

Aggregate Year-to-Date ▼
420.00

Date of Receipt: [] [] []

Amount of Each Receipt this Period
\$15 Bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶

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

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

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

FOR LINE NUMBER:		PAGE 5 OF 16	
<input 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)
ENGLISH, JAMES

Date of Receipt
[] [] []

Mailing Address
1707 PORT SHEFFIELD

City
NEWPORT BEACH

State
CA

Zip Code
92660

FEC ID number of contributing federal political committee
C

Name of Employer
BLUE SHIELD OF CALIFORNIA

Occupation
VICE PRESIDENT, SALES

Amount of Each Receipt this Period
\$10 Bi-weekly

Receipt For:
 Primary General
 Other (specify) ▼
UNSPECIFIED

Aggregate Year-to-Date ▼
290.00

B. Full Name (Last, First, Middle Initial)
GEYER, ROBERT

Date of Receipt
[] [] []

Mailing Address
8043 GLENBAR

City
FAIROAKS

State
CA

Zip Code
95268

FEC ID number of contributing federal political committee
C

Name of Employer
BLUE SHIELD OF CALIFORNIA

Occupation
VICE PRESIDENT
CONSUMER OPERATIONS

Amount of Each Receipt this Period
\$20 Bi-weekly

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

C. Full Name (Last, First, Middle Initial)
GRANT, DOUGLAS

Date of Receipt
[] [] []

Mailing Address
8211 BRADBURY COURT

City
ELK GROVE

State
CA

Zip Code
95665

FEC ID number of contributing federal political committee
C

Name of Employer
BLUE SHIELD OF CALIFORNIA

Occupation
DIRECTOR

Amount of Each Receipt this Period
\$30 Bi-weekly

Receipt For:
 Primary General
 Other (specify) ▼
UNSPECIFIED

Aggregate Year-to-Date ▼
290.00

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this 316 number only) ▶

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

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

FOR LINE NUMBER: (check only one)		PAGE 6 OF 16	
<input 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)
HEALY, ELIZABETH

Mailing Address
2527 C STREET

City **SACRAMENTO** State **CA** Zip Code **95816**

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

Name of Employer **BLUE SHIELD OF CALIFORNIA** Occupation **MANAGER**

Receipt For:
 Primary General
 Other (specify) **UNSPECIFIED**

Aggregate Year-to-Date **280.00**

Date of Receipt
[] [] [] [] [] []

Amount of Each Receipt this Period
\$10 Bi-weekly

B. Full Name (Last, First, Middle Initial)
HOFFMAN, MARLENE

Mailing Address
2553 SEQUOIA STREET

City **LODI** State **CA** Zip Code **94114**

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

Name of Employer **blue shield of california** Occupation **MANAGER**

Receipt For:
 Primary General
 Other (specify) **UNSPECIFIED**

Aggregate Year-to-Date **280.00**

Date of Receipt
[] [] [] [] [] []

Amount of Each Receipt this Period
\$10 Bi-weekly

C. Full Name (Last, First, Middle Initial)
HOKSBERGEN, KATHRYN

Mailing Address
956 STERLING CIRCLE

City **FOLSOM** State **CA** Zip Code **95630**

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

Name of Employer **BLUE SHIELD OF CALIFORNIA** Occupation **DIRECTOR, MEDICAL MANAGEMENT**

Receipt For:
 Primary General
 Other (specify) **UNSPECIFIED**

Aggregate Year-to-Date **280.00**

Date of Receipt
[] [] [] [] [] []

Amount of Each Receipt this Period
\$30 Bi-weekly

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 16	
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16 <input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial):
HOLROYD, RON

Mailing Address:
435 COLGATE WAY

City: **SAN MATEO** State: **CA** Zip Code: **94402**

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

Name of Employer: **BLUE SHIELD OF CALIFORNIA** Occupation: **VICE PRESIDENT, FINANCE**

Receipt For: Primary General Other (specify) **UNSPECIFIED** Aggregate Year-to-Date: **420.00**

Date of Receipt: [] [] [] [] [] []

Amount of Each Receipt this Period: **\$15 Bi-weekly**

B. Full Name (Last, First, Middle Initial):
JEFCOAT, KATHRYN

Mailing Address:
340 PARKER DRIVE

City: **FOLSOM** State: **CA** Zip Code: **95630**

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

Name of Employer: **BLUE SHIELD OF CALIFORNIA** Occupation: **DIRECTOR I/M**

Receipt For: Primary General Other (specify) **UNSPECIFIED** Aggregate Year-to-Date: **280.00**

Date of Receipt: [] [] [] [] [] []

Amount of Each Receipt this Period: **\$10 Bi-weekly**

C. Full Name (Last, First, Middle Initial):
JOHNSON, PAMALA

Mailing Address:
166 MADISON AVENUE

City: **SAN BRUNO** State: **CA** Zip Code: **94066**

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

Name of Employer: **BLUE SHIELD OF CALIFORNIA** Occupation: **DIRECTOR, HEALTH SERVICES**

Receipt For: Primary General Other (specify) **UNSPECIFIED** Aggregate Year-to-Date: **280.00**

Date of Receipt: [] [] [] [] [] []

Amount of Each Receipt this Period: **\$10 Bi-weekly**

SUBTOTAL of Receipts This Page (optional) ▶

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

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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER:		PAGE 8		OF 16	
<input 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

A. Full Name (Last, First, Middle Initial)
JOYNER, DAVID

Mailing Address
23 SUTTER COURT

City **TEBURON** State **CA** Zip Code **94920**

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

Name of Employer: **BLUE SHIELD OF CALIFORNIA** Occupation: **VICE PRESIDENT, EXTERNAL AFFAIRS**

Receipt For: Primary General Other (specify) **UNSPECIFIED**

Aggregate Year-to-Date: **560.00**

Date of Receipt: [] [] []

Amount of Each Receipt this Period: **\$20 Bi-weekly**

B. Full Name (Last, First, Middle Initial)
KEESLING, EMILE

Mailing Address
528 APPLEWOOD DRIVE

City **LODI** State **CA** Zip Code **95242**

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

Name of Employer: **BLUE SHIELD OF CALIFORNIA** Occupation: **DIRECTOR, I/M**

Receipt For: Primary General Other (specify) **UNSPECIFIED**

Aggregate Year-to-Date: **280.00**

Date of Receipt: [] [] []

Amount of Each Receipt this Period: **\$10 Bi-weekly**

C. Full Name (Last, First, Middle Initial)
LOHARDO, ROBERT

Mailing Address
959 MILLER STREET

City **BERKELEY** State **CA** Zip Code [] [] []

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

Name of Employer: **BLUE SHIELD OF CALIFORNIA** Occupation: **SENIOR VICE PRESIDENT, COMOPS**

Receipt For: Primary General Other (specify) **UNSPECIFIED**

Aggregate Year-to-Date: **700.00**

Date of Receipt: [] [] []

Amount of Each Receipt this Period: **\$25 Bi-weekly**

SUBTOTAL of Receipts This Page (optional) **1540.00**

TOTAL This Period (last page this line number only) **1540.00**

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

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

FOR LINE NUMBER: (check only one)		PAGE 9 OF 15	
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) LYNAUGH, KATHLEEN		Date of Receipt
Mailing Address 28 COUNTRY CLUB DRIVE		
City MILL VALLEY	State CA	Zip Code 94941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer BLUE SHIELD OF CALIFORNIA	Occupation DIRECTOR, SENIOR COUNSEL	\$30 Bi-weekly
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ \$510.00	

B. Full Name (Last, First, Middle Initial) MURPHY, BRIAN		Date of Receipt
Mailing Address 3159 WARREN LANE		
City EL DORADO HILLS	State CA	Zip Code 95762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer BLUE SHIELD OF CALIFORNIA	Occupation DIRECTOR, CS&CLAIMS	\$10 Bi-weekly
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 280.00	

C. Full Name (Last, First, Middle Initial) MYERS, JEFF		Date of Receipt
Mailing Address 164 STONINGHAM WAY		
City FOLSOM	State CA	Zip Code 95630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer BLUE SHIELD OF CALIFORNIA	Occupation CONSUMER OPERATIONS, MANAGER	\$10 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 280.00	

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

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

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

FOR LINE NUMBER:		PAGE 10 OF 16	
(check only one)			
<input 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"/> 18 <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) NELSON, KEM		Date of Receipt
Mailing Address 820 CALIFORNIA AVENUE		<input type="text"/> : <input type="text"/> : <input type="text"/>
City SANTA MONICA	State CA	Zip Code 90403
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="checkbox"/> C		\$25 Bi-weekly
Name of Employer BLUE SHIELD OF CALIFORNIA	Occupation VICE PRESIDENT, SALES	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 635.00	

B. Full Name (Last, First, Middle Initial) NOBLE, EMMALEE		Date of Receipt
Mailing Address 50 BEALE STREET		<input type="text"/> : <input type="text"/> : <input type="text"/>
City SAN FRANCISCO	State CA	Zip Code 94105
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="checkbox"/> C		\$20 Bi-weekly
Name of Employer BLUE SHIELD OF CALIFORNIA	Occupation CONTROLLER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 260.00	

C. Full Name (Last, First, Middle Initial) PALERMO, TRICIA		Date of Receipt
Mailing Address 1325 MAR WEST		<input type="text"/> : <input type="text"/> : <input type="text"/>
City TIBURON,	State CA	Zip Code 94920
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="checkbox"/> C		\$20 Bi-weekly
Name of Employer BLUE SHIELD OF CALIFORNIA	Occupation DIRECTOR, EXTERNAL AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 560.00	

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

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

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

FOR LINE NUMBER:		PAGE 11		OF 16	
<input 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

A. Full Name (Last, First, Middle Initial)
PANEK, WILLIAM

Mailing Address
226 AVOCET AVENUE

City DAVIS State CA Zip Code 95616

FEC ID number of contributing federal political committee: C

Name of Employer: BLUE SHIELD OF CALIFORNIA Occupation: MEDICAL DIRECTOR

Receipt For: Primary General Other (specify) ▼ UNSPECIFIED
Aggregate Year-to-Date ▼ 260.00

Date of Receipt: [] [] []

Amount of Each Receipt this Period: \$10 Bi-weekly

B. Full Name (Last, First, Middle Initial)
PICCIRILLI, SAEI

Mailing Address
2910 CALIFORNIA STREET APT C

City SAN FRANCISCO State CA Zip Code 94115

FEC ID number of contributing federal political committee: C

Name of Employer: BLUE SHIELD OF CALIFORNIA Occupation: VICE PRESIDENT, MARKETING

Receipt For: Primary General Other (specify) ▼ UNSPECIFIED
Aggregate Year-to-Date ▼ 360.00

Date of Receipt: [] [] []

Amount of Each Receipt this Period: \$20 Bi-weekly

C. Full Name (Last, First, Middle Initial)
PUZARNEK, ALAN

Mailing Address
6401 ELDER AVENUE

City SEAL BEACH State CA Zip Code 90740

FEC ID number of contributing federal political committee: C

Name of Employer: BLUE SHIELD OF CALIFORNIA Occupation: SENIOR VICE PRESIDENT, CBU

Receipt For: Primary General Other (specify) ▼ UNSPECIFIED
Aggregate Year-to-Date ▼ 475.00

Date of Receipt: [] [] []

Amount of Each Receipt this Period: \$25 Bi-weekly

SUBTOTAL of Receipts This Page (optional) _____ ▶

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

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

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

FOR LINE NUMBER: PAGE 12 OF 15
(check only one)

<input 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)
RIGSBY, PAULETTE

Mailing Address
4280H WENTHROP ROAD

City: PLACERVILLE State: CA Zip Code: 95667

FEC ID number of contributing federal political committee:

Name of Employer: BLUE SHIELD OF CALIFORNIA Occupation: TEAM LEADER

Receipt For:
 Primary General
 Other (specify) ▼ UNSPECIFIED

Aggregate Year-to-Date ▼
315.00

Date of Receipt: [] [] []

Amount of Each Receipt this Period
\$15 Bi-weekly

B. Full Name (Last, First, Middle Initial)
RUBINO, LISA

Mailing Address
11358 NASHANERA COURT

City: CYPRESS State: CA Zip Code: 90363

FEC ID number of contributing federal political committee:

Name of Employer: BLUE SHIELD OF CALIFORNIA Occupation: SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼ UNSPECIFIED

Aggregate Year-to-Date ▼
560.00

Date of Receipt: [] [] []

Amount of Each Receipt this Period
\$20 Bi-weekly

C. Full Name (Last, First, Middle Initial)
SCHNAB, DEBORAH

Mailing Address
707 CROSSBROOK DRIVE

City: MORAGA State: CA Zip Code: 94556

FEC ID number of contributing federal political committee:

Name of Employer: BLUE SHIELD OF CALIFORNIA Occupation: REGISTERED NURSE

Receipt For:
 Primary General
 Other (specify) ▼ UNSPECIFIED

Aggregate Year-to-Date ▼
300.00

Date of Receipt: [06] [04] [2001]

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (see page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 16

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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) SCHWERIN, JOHN		Date of Receipt
Mailing Address 3113 RAINTREE CIRCLE		
City CULVER CITY	State CA	Zip Code 90230
FEC ID number of contributing federal political committee		Amount of Each Receipt this Period
Name of Employer BLUE SHIELD OF CALIFORNIA		\$10 Bi-weekly
Occupation 90230		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 288.00	

B. Full Name (Last, First, Middle Initial) STONE, ELIZABETH		Date of Receipt
Mailing Address 1225 SOUTHFIELD CT		
City DAVIS	State CA	Zip Code 95616
FEC ID number of contributing federal political committee		Amount of Each Receipt this Period
Name of Employer BLUE SHIELD OF CALIFORNIA		\$20 Bi-weekly
Occupation VICE PRESIDENT		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) STURMAN, STEVEN		Date of Receipt
Mailing Address 781 CORBETT AVE #4		
City SAN FRANCISCO	State CA	Zip Code 94131
FEC ID number of contributing federal political committee		Amount of Each Receipt this Period
Name of Employer BLUE SHIELD OF CALIFORNIA		\$10 Bi-weekly
Occupation DIRECTOR, TREASURY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) ▶

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

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

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

FOR LINE NUMBER: PAGE 14 OF 16
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
19	14	15	18	

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

A. Full Name (Last, First, Middle Initial)
SMALLOW, LYLE

Mailing Address
5235 MYRTLE DRIVE

City State Zip Code
CONCORD CA 94521

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
BLUE SHIELD OF CALIFORNIA ASSOCIATE GENERAL COUNSEL

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ UNSPECIFIED 1000.00

Date of Receipt
[] [] [] [] [] []

Amount of Each Receipt this Period
\$40 Bi-weekly

B. Full Name (Last, First, Middle Initial)
SWENSON, PAUL

Mailing Address
131 LA SALLE AVENUE

City State Zip Code
PEEDMONT CA 94610

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
BLUE SHIELD OF CALIFORNIA CHIEF FINANCIAL OFFICER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ UNSPECIFIED 900.00

Date of Receipt
[] [] [] [] [] []

Amount of Each Receipt this Period
\$60 Bi-weekly

C. Full Name (Last, First, Middle Initial)
TALLMAN, LARRY

Mailing Address
464 31ST STREET

City State Zip Code
MANHATTAN BEACH CA 90266

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
BLUE SHIELD OF CALIFORNIA VICE PRESIDENT, NATIONAL ACCOUNTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ UNSPECIFIED 280.00

Date of Receipt
[] [] [] [] [] []

Amount of Each Receipt this Period
\$10 Bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶

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

**SCHEDULE A (FEC Form SX)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE 15 OF 16	
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) WAGNER, MONICA		Date of Receipt	
Mailing Address 893 PERKINS WAY		[] [] []	
City SACRAMENTO	State CA	Zip Code 95818	
FEC ID number of contributing federal political committee. [C]		Amount of Each Receipt This Period	
Name of Employer BLUE SHIELD OF CALIFORNIA	Occupation GOVERNMENT AFFAIRS	\$30 Bi-weekly	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 280.00		

B. Full Name (Last, First, Middle Initial) WENTZEL, DONALD		Date of Receipt	
Mailing Address 905 CANYON VIEW DRIVE		[] [] []	
City LAGUNA BEACH	State CA	Zip Code 92651	
FEC ID number of contributing federal political committee. [C]		Amount of Each Receipt This Period	
Name of Employer BLUE SHIELD OF CALIFORNIA	Occupation DIRECTOR, CARE MANAGEMENT	\$10 Bi-weekly	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 280.00		

C. Full Name (Last, First, Middle Initial) WILLIS, BENJAMIN		Date of Receipt	
Mailing Address 56 LEVANT STREET		[] [] []	
City SAN FRANCISCO	State CA	Zip Code 94114	
FEC ID number of contributing federal political committee. [C]		Amount of Each Receipt This Period	
Name of Employer BLUE SHIELD OF CALIFORNIA	Occupation DIRECTOR, HUMAN RESOURCES	\$10 Bi-weekly	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ UNSPECIFIED	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional)	▶	[] [] []
TOTAL This Period (use page this line number only)	▶	[] [] []

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

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

FOR LINE NUMBER: (check only one)		PAGE 16 OF 18	
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
WOOD, KENNETH

Mailing Address
240 HIGHLAND AVENUE

City **SAN RAFAEL** State **CA** Zip Code **94901**

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

Name of Employer: **BLUE SHIELD OF CALIFORNIA** Occupation: **CHIEF OPERATING OFFICER**

Receipt For:
 Primary General
 Other (specify) **UNSPECIFIED**

Aggregate Year-to-Date **1406.00**

Date of Receipt: [] [] []

Amount of Each Receipt this Period: **\$50 bi-weekly**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt: [] [] []

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt: [] [] []

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER (check only one)				PAGE	OF
<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"/> 25c	<input type="checkbox"/> 29		

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

Full Name (Last, First, Middle Initial) A. BCBSA BLUEPAC C/O BERRY TRIMBLE		Date of Disbursement 10 25 2001
Mailing Address 1310 G. STREET N.W.		Amount of Each Disbursement this Period \$ 5,000.00
City WASHINGTON	State DC	
Purpose of Disbursement PAC TO PAC TRANSFER		Category/Type 008
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. HEALTH PLAN PAC C/O TONY LAMB		Date of Disbursement 10 25 2001
Mailing Address AMERICAN ASSOCIATION OF HEALTH PLANS 1129 20TH STREET		Amount of Each Disbursement this Period \$ 5,000.00
City WASHINGTON	State DC	
Purpose of Disbursement PAC TO PAC TRANSFER		Category/Type 008
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	


Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt <u>11/11/02</u>
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
 PREPARER		<u>11/11/02</u> DATE PREPARED