

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 01 01 2006 through 03 31 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 Tin Nguyen

Signature of Treasurer Electronically Filed by Tin Nguyen Date 04 14 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**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand 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 Beginning of Reporting Period	49454.86									
(c) Total Receipts (from Line 19)	15363.97	15363.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64818.83	64818.83								
7. Total Disbursements (from Line 31)	22019.56	22019.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42799.27	42799.27								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	5836.01	5836.01
(i) Itemized (use Schedule A)	9527.96	9527.96
(ii) Unitemized	15363.97	15363.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15363.97	15363.97
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	15363.97	15363.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15363.97	15363.97

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21750.00	21750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	269.56	269.56
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22019.56	22019.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	22019.56	22019.56

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15363.97	15363.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15363.97	15363.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<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

A. Full Name (Last, First, Middle Initial) Bruce Bodaken		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 16451 50 Beale Street		Transaction ID: SA11A1.5708
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 360.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$60
Name of Employer Blue Shield of California	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B. Full Name (Last, First, Middle Initial) Eric Book		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 110719 50 Beale Street		Transaction ID: SA11A1.5709
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$40
Name of Employer Blue Shield of California	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C. Full Name (Last, First, Middle Initial) Gifford Boyce-Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 19629 50 Beale Street		Transaction ID: SA11A1.5735
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50
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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL 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 7 / 15
	<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) A. Ruta Britz		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 50 Beale Street		Transaction ID: SA11A1.6005	
City San Francisco	State CA	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Manual Check Contribution	
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Christopher Ciano		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address emp 112575 50 Beale Street		Transaction ID: SA11A1.5718	
City San Francisco	State CA	Amount of Each Receipt this Period 210.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$35	
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 ▼ 210.00		

Full Name (Last, First, Middle Initial) C. Brian Clinch		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address emp 45006 50 Beale Street		Transaction ID: SA11A1.5720	
City San Francisco	State CA	Amount of Each Receipt this Period 210.93	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$35.155	
Name of Employer Blue Shield of California	Occupation Vice President, Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.93		

SUBTOTAL of Receipts This Page (optional) ▶	920.93
TOTAL 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 / 15
	<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) Thomas Epstein		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 110249 50 Beale Street		Transaction ID: SA11A1.5732
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 360.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$60
Name of Employer Blue Shield of California	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B. Full Name (Last, First, Middle Initial) Lisa Ghotbi		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 108225 50 Beale Street		Transaction ID: SA11A1.5746
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Ketan Gima		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 112246 50 Beale Street		Transaction ID: SA11A1.5747
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50
Name of Employer Blue Shield of California	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	960.00
TOTAL 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 / 15
	<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) Marianne Jackson		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 112372 50 Beale Street		Transaction ID: SA11A1.5765
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 313.50	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$52.25
Name of Employer Blue Shield of California	Occupation Senior Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.50	

B. Full Name (Last, First, Middle Initial) Heidi Kunz		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 112238 50 Beale Street		Transaction ID: SA11A1.5775
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 628.50	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$104.75
Name of Employer Blue Shield of California	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 628.50	

C. Full Name (Last, First, Middle Initial) Paul Markovich		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 16510 50 Beale Street		Transaction ID: SA11A1.5788
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 230.76	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$38.46
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 ▼ 230.76	

SUBTOTAL of Receipts This Page (optional)	1172.76
TOTAL 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 10 / 15
	<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) Robert Novelli		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 111112 50 Beale Street		Transaction ID: SA11A1.5799
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 391.15	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$65.19
Name of Employer Blue Shield of California	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.15	

B. Full Name (Last, First, Middle Initial) Kathy Richards		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 109053 50 Beale Street		Transaction ID: SA11A1.5808
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Lyle Swallow		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 18612 50 Beale Street		Transaction ID: SA11A1.5830
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$40
Name of Employer Blue Shield of California	Occupation Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	931.15
TOTAL 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:	PAGE 11 / 15
	(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) Kenneth Wood		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 16494 50 Beale Street		Transaction ID: SA11A1.5850
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 351.17	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$58.52
Name of Employer Blue Shield of California	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.17	

B. Full Name (Last, First, Middle Initial) John Yao		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address emp 11926 50 Beale Street		Transaction ID: SA11A1.5851
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$100.00
Name of Employer Blue Shield of California	Occupation Senior Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	951.17
TOTAL This Period (last page this line number only) ▶	5836.01

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 12 / 15

<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) A. BLUEPAC - BCBSA PAC		Transaction ID: SB23.5992 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 1310 G STREET NW		Amount of Each Disbursement this Period 12500.00
City WASHINGTON State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement BLUEPAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE		Transaction ID: SB23.5993 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 120 MARYLAND AVENUE NE		Amount of Each Disbursement this Period 3000.00
City WASHINGTON State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Democratic Senatorial Campaign Committee		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ANNA ESHOO		Transaction ID: SB23.5998 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814	Category/ Type	
Purpose of Disbursement Eshoo for Congress		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	16500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

<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

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

Full Name (Last, First, Middle Initial) A. Diane FEINSTEIN FOR SENATE		Transaction ID: SB23.5990 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 601 S. GLENOAKS BLVD., SUITE 208		Amount of Each Disbursement this Period 1000.00
City BURBANK State CA Zip Code 91502	Purpose of Disbursement Feinstein for Senate Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. WALTER (WALLY) JR HERGER		Transaction ID: SB23.6012 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 1500 P.O. Box 1		Amount of Each Disbursement this Period 1000.00
City CHICO State CA Zip Code 95927	Purpose of Disbursement Wally Herger for Congress Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. DUNCAN HUNTER		Transaction ID: SB23.5996 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 9340 Fuerte Drive Suite 302		Amount of Each Disbursement this Period 1250.00
City La Mesa State CA Zip Code 91941	Purpose of Disbursement Hunter for Congress Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. Kevin McCarthy

Transaction ID: SB23.6001
Date of Disbursement

Mailing Address P.O. Box 12667

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	6

City State Zip Code
Bakersfield CA 93389

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Kevin McCarthy for Congress

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

21750.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Bank, Fees

Mailing Address 345 Montgomery Street

City San Francisco State CA Zip Code 94101

Purpose of Disbursement
Account Analysis Fee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB29.6004

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

25.11

Full Name (Last, First, Middle Initial)

B. Bank, Fees

Mailing Address 345 Montgomery Street

City San Francisco State CA Zip Code 94101

Purpose of Disbursement
Account Analysis Fee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB29.6049

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

244.45

SUBTOTAL of Disbursements This Page (optional)

269.56

TOTAL This Period (last page this line number only)

269.56