

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 11 23 2004 through 12 31 2004

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 18 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
1	1

D	D
2	3

Y	Y	Y	Y
2	0	0	4

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	4

	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>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4		20419.52
Y	Y	Y	Y							
2	0	0	4							
(b) Cash on Hand at Beginning of Reporting Period	24526.30									
(c) Total Receipts (from Line 19)	7803.03	65104.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32329.33	85524.51								
7. Total Disbursements (from Line 31)	36.94	53232.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32292.39	32292.39								
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
1	1

D	D
2	3

Y	Y	Y	Y
2	0	0	4

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	4

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	5857.78	47391.16
(i) Itemized (use Schedule A)	1945.25	16713.83
(ii) Unitemized	7803.03	64104.99
(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)	7803.03	64104.99
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7803.03	65104.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7803.03	65104.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	0.00	0.00
(i) Federal Share.....		
(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	15500.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	37500.00
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.....	36.94	232.12
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36.94	53232.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	36.94	53232.12

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)	7803.03	64104.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7803.03	64104.99
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 / 26
	<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) Kenneth Sean Allen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 109049 50 Beale Street		Transaction ID: SA11A1.4886
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		\$20 BiWeekly Payroll Deduction
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 ▼ 380.00	

B. Full Name (Last, First, Middle Initial) Dennis Alva		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 109311 50 Beale Street		Transaction ID: SA11A1.4887
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 51.78	
FEC ID number of contributing federal political committee. C		\$17.26 BiWeekly Payroll Deduction
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 ▼ 327.94	

C. Full Name (Last, First, Middle Initial) Eric Barnett		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address 50 Beale Street		Transaction ID: SA11A1.4891
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		\$25 BiWeekly Payroll Deduction
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 ▼ 475.00	

SUBTOTAL of Receipts This Page (optional) ▶	186.78
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 / 26
	<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. Benjamin Bell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 16357 50 Beale Street		Transaction ID: SA11A1.4895
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 76.56	
FEC ID number of contributing federal political committee. C	\$25.52 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 484.88	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christopher Blood		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address 50 Beale Street		Transaction ID: SA11A1.4897
City State Zip Code San Francisco CA 94015	Amount of Each Receipt this Period 55.11	
FEC ID number of contributing federal political committee. C	\$18.37 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Director, Finance	Aggregate Year-to-Date ▼ 367.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bruce Bodaken		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 16451 50 Beale Street		Transaction ID: SA11A1.4898
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. C	45.00 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Chief Executive Officer	Aggregate Year-to-Date ▼ 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	266.67
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 / 26
	<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) Eric Book		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 110719 50 Beale Street		Transaction ID: SA11A1.4899	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		\$40.00	
Name of Employer Occupation Blue Shield of California Chief Medical Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

B. Full Name (Last, First, Middle Initial) David Bowen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 108584 50 Beale Street		Transaction ID: SA11A1.4900	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		\$40 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Chief Information Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

C. Full Name (Last, First, Middle Initial) Debra Bowles		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 16084 50 Beale Street		Transaction ID: SA11A1.4901	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		\$15 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	285.00
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 / 26
	<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. Michael-Anne Browne		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 111514 50 Beale Street		Transaction ID: SA11A1.4904	
City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		\$25 BiWeekly Payroll Deduction	
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) B. George R. Chadwell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 110628 50 Beale Street		Transaction ID: SA11A1.4906	
City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 39.21
FEC ID number of contributing federal political committee. C		\$13.07 BiWeekly Payroll Deduction	
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 ▼ 261.40		

Full Name (Last, First, Middle Initial) C. Christopher Ciano		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 112575 50 Beale Street		Transaction ID: SA11A1.4909	
City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		\$50 BiWeekly Payroll Deduction	
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 ▼ 950.00		

SUBTOTAL of Receipts This Page (optional) ▶	264.21
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 10 / 26
	<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) Bob Clifton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 111654 50 Beale Street		Transaction ID: SA11A1.4910
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		\$20 BiWeekly Payroll Deduction
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 ▼ 380.00	

B. Full Name (Last, First, Middle Initial) Brian Clinch		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 45006 50 Beale Street		Transaction ID: SA11A1.4911
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 105.63	
FEC ID number of contributing federal political committee. C		\$35.21 BiWeekly Payroll Deduction
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 ▼ 704.20	

C. Full Name (Last, First, Middle Initial) Patricia R. Domenickine		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 111504 50 Beale Street		Transaction ID: SA11A1.4916
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 67.92	
FEC ID number of contributing federal political committee. C		\$22.64 BiWeekly Payroll Deduction
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 ▼ 452.80	

SUBTOTAL of Receipts This Page (optional) ▶	233.55
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 11 / 26
	<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) Peter Duncan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 111590 50 Beale Street		Transaction ID: SA11A1.4919	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 178.33	
FEC ID number of contributing federal political committee. C		\$20.33 Payroll, Plus Lump Contribution	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 751.95	

B. Full Name (Last, First, Middle Initial) Thomas Epstein		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 110249 50 Beale Street		Transaction ID: SA11A1.4922	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 115.50	
FEC ID number of contributing federal political committee. C		\$38.50 BiWeekly Payroll Deduction	
Name of Employer Occupation 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 ▼ 770.00	

C. Full Name (Last, First, Middle Initial) Betsy Figueiro-Steinbrueck		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 54003 50 Beale Street		Transaction ID: SA11A1.4924	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 38.64	
FEC ID number of contributing federal political committee. C		\$12.88 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 244.72	

SUBTOTAL of Receipts This Page (optional) ▶	332.47
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 12 / 26
	<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. Carol Fogelman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 32239 50 Beale Street		Transaction ID: SA11A1.4926	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 30.12	
FEC ID number of contributing federal political committee. C		\$10.04 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.72	

Full Name (Last, First, Middle Initial) B. Robert Geyer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 42026 50 Beale Street		Transaction ID: SA11A1.4930	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		\$25 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 495.00	

Full Name (Last, First, Middle Initial) C. Lisa Ghotbi		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 108225 50 Beale Street		Transaction ID: SA11A1.4931	
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		\$100 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	405.12
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 13 / 26
	<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) Ketan Gima		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 112246 50 Beale Street		Transaction ID: SA11A1.4932
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	\$50 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Manager	Aggregate Year-to-Date ▼ 950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Shelly P. Hubner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 18622 50 Beale Street		Transaction ID: SA11A1.4944
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C	\$20 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 380.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Sheri Ingizian		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address 50 Beale Street		Transaction ID: SA11A1.4945
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 30.87	
FEC ID number of contributing federal political committee. C	\$10.29 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California employee	Aggregate Year-to-Date ▼ 216.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	240.87
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 14 / 26
	<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

Full Name (Last, First, Middle Initial) A. Marianne Jackson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 112372 50 Beale Street		Transaction ID: SA11A1.4947
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 149.88	
FEC ID number of contributing federal political committee. C	\$49.96 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Senior Vice President, Human Resources	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 999.20	

Full Name (Last, First, Middle Initial) B. Michael Johnson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 111769 50 Beale Street		Transaction ID: SA11A1.4950
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 46.80	
FEC ID number of contributing federal political committee. C	\$15.60 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 312.00	

Full Name (Last, First, Middle Initial) C. David Joyner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 19639 50 Beale Street		Transaction ID: SA11A1.4951
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C	\$20 BiWeekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Vice President	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	256.68
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 15 / 26
	<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) Heidi Kunz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 112238 50 Beale Street		Transaction ID: SA11A1.4956
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 288.21
FEC ID number of contributing federal political committee. C		\$96.07 BiWeekly Payroll Deduction
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 ▼ 1921.40	

B. Full Name (Last, First, Middle Initial) Clifford Lange		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address 50 Beale Street		Transaction ID: SA11A1.4957
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 208.17
FEC ID number of contributing federal political committee. C		\$69.39 Biweekly Payroll Deduction
Name of Employer Blue Shield of California	Occupation Chief Analytics Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1387.80	

C. Full Name (Last, First, Middle Initial) Garrett Leaf		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address 50 Beale Street		Transaction ID: SA11A1.4959
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		\$20 Biweekly Payroll Deduction
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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	556.38
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 16 / 26
	<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. Gerald Linnins		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address 4207 Town Center Blvd		Transaction ID: SA11A1.4961	
City El Dorado Hills	State CA	Amount of Each Receipt this Period 150.00	
Zip Code 95762		\$50 Biweekly Payroll Deduction	
FEC ID number of contributing federal political committee. C			
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 ▼ 950.00		

Full Name (Last, First, Middle Initial) B. Christopher Long		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 109838 50 Beale Street		Transaction ID: SA11A1.4964	
City San Francisco	State CA	Amount of Each Receipt this Period 40.83	
Zip Code 94105		\$13.61 Biweekly Payroll Deduction	
FEC ID number of contributing federal political committee. C			
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 ▼ 261.42		

Full Name (Last, First, Middle Initial) C. Kathleen M. Lucke		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 111911 50 Beale Street		Transaction ID: SA11A1.4965	
City San Francisco	State CA	Amount of Each Receipt this Period 55.14	
Zip Code 94105		\$18.38 Biweekly Payroll Deduction	
FEC ID number of contributing federal political committee. C			
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 ▼ 344.90		

SUBTOTAL of Receipts This Page (optional) ▶	245.97
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 17 / 26
	<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 Lujan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 112179 50 Beale Street		Transaction ID: SA11A1.4966	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		\$25 Biweekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	

B. Full Name (Last, First, Middle Initial) Kathleen Lynaugh		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 109411 50 Beale Street		Transaction ID: SA11A1.4967	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C		\$30 Biweekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

C. Full Name (Last, First, Middle Initial) Paul Markovich		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 16510 50 Beale Street		Transaction ID: SA11A1.4969	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 115.38	
FEC ID number of contributing federal political committee. C		\$38.46 Biweekly Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 769.20	

SUBTOTAL of Receipts This Page (optional) ▶	280.38
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 18 / 26
	<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) Cynthia Martin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 111441 50 Beale Street		Transaction ID: SA11A1.4970
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 72.24
FEC ID number of contributing federal political committee. C		\$24.08 Biweekly Payroll Deduction
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 ▼ 481.60	

B. Full Name (Last, First, Middle Initial) Debbie Naegle		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 16484 50 Beale Street		Transaction ID: SA11A1.4979
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 67.92
FEC ID number of contributing federal political committee. C		\$22.64 Biweekly Payroll Deduction
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 ▼ 418.75	

C. Full Name (Last, First, Middle Initial) Emmalee Noble		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 19608 50 Beale Street		Transaction ID: SA11A1.4980
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		\$20 Biweekly Payroll Deduction
Name of Employer Blue Shield of California	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.16
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 19 / 26
	<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 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 111112 50 Beale Street		Transaction ID: SA11A1.4981
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 68.37	
FEC ID number of contributing federal political committee. C		\$22.89 Biweekly Payroll Deduction
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 ▼ 951.86	

B. Full Name (Last, First, Middle Initial) William Panek		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 18535 50 Beale Street		Transaction ID: SA11A1.4982
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		\$10 Biweekly Payroll Deduction
Name of Employer Blue Shield of California	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C. Full Name (Last, First, Middle Initial) Kathy Richards		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 109053 50 Beale Street		Transaction ID: SA11A1.4987
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		\$50 Biweekly Payroll Deduction
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 ▼ 950.00	

SUBTOTAL of Receipts This Page (optional) ▶	248.37
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 20 / 26
	<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)
 Karen Rinaldi

Mailing Address emp 111645
 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 ▼
 231.60

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 4 / 2 0 0 4

Transaction ID: SA11A1.4988

Amount of Each Receipt this Period
 34.74

\$11.58 Biweekly Payroll Deduction

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

Mailing Address emp 75263
 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 Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 4 / 2 0 0 4

Transaction ID: SA11A1.4990

Amount of Each Receipt this Period
 90.00

\$30 Biweekly Payroll Deduction

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

Mailing Address emp 111700
 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 Medical Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 739.02

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 4 / 2 0 0 4

Transaction ID: SA11A1.4997

Amount of Each Receipt this Period
 124.23

\$41.41 Biweekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	248.97
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 21 / 26
<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) Nancy Stalker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 16479 50 Beale Street		Transaction ID: SA11A1.4998
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C		\$30 Biweekly Payroll Deduction
Name of Employer Blue Shield of California	Occupation Vice President, Pharmacy Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B. Full Name (Last, First, Middle Initial) Mary C. St John		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 95485 50 Beale Street		Transaction ID: SA11A1.5001
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		\$25 Biweekly Payroll Contribution
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 ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Susan Stoeker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 111872 50 Beale Street		Transaction ID: SA11A1.5002
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 135.00
FEC ID number of contributing federal political committee. C		\$45 Biweekly Payroll Contribution
Name of Employer Blue Shield of California	Occupation Marketing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 855.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
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 22 / 26
	<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) Elizabeth Stone		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 109541 50 Beale Street		Transaction ID: SA11A1.5003
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	\$50 Biweekly Payroll Contribution	
Name of Employer Occupation Blue Shield of California Senior Director	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Douglas Sturnick		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 111996 50 Beale Street		Transaction ID: SA11A1.5005
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 39.09	
FEC ID number of contributing federal political committee. C	\$13.03 Biweekly Payroll Contribution	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 502.37	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Lyle Swallow		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 18612 50 Beale Street		Transaction ID: SA11A1.5006
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C	\$40 Biweekly Payroll Contribution	
Name of Employer Occupation Blue Shield of California Counsel	Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	309.09
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 23 / 26
	<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) Joe Tirado		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address 50 Beale Street		Transaction ID: SA11A1.5007
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 80.37	
FEC ID number of contributing federal political committee. C	\$26.70 Biweekly Payroll Contribution	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 509.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Danny Tom		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address 50 Beale Street		Transaction ID: SA11A1.5008
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 39.57	
FEC ID number of contributing federal political committee. C	\$13.19 Biweekly Payroll Contribution	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 224.23	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Angelique Tompkins		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4
Mailing Address emp 112717 50 Beale Street		Transaction ID: SA11A1.5009
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C	\$15 Biweekly Payroll Contribution	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 285.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	164.94
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 24 / 26
	<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

Full Name (Last, First, Middle Initial) A. Robert Wadsworth		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 18560 50 Beale Street		Transaction ID: SA11A1.5013	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 39.96		
FEC ID number of contributing federal political committee. C	\$13.32 Biweekly Payroll Contribution		
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 266.40		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Peter Walker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 109506 50 Beale Street		Transaction ID: SA11A1.5015	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 46.98		
FEC ID number of contributing federal political committee. C	\$15.66 Biweekly Payroll Contribution		
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 297.54		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ms Janet D. Widmann		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 111756 50 Beale Street		Transaction ID: SA11A1.5017	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	\$20 Biweekly Payroll Contribution		
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	146.94
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 25 / 26
	<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

Full Name (Last, First, Middle Initial) A. Ms Fiona M. Wilmot		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 111587 50 Beale Street		Transaction ID: SA11A1.5019	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 48.54	
FEC ID number of contributing federal political committee. C		\$16.18 Biweekly Payroll Contribution	
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 ▼ 323.60		

Full Name (Last, First, Middle Initial) B. Kenneth Wood		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 16494 50 Beale Street		Transaction ID: SA11A1.5023	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 336.69	
FEC ID number of contributing federal political committee. C		\$112.23 Biweekly Payroll Contribution	
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 ▼ 2244.60		

Full Name (Last, First, Middle Initial) C. John Yao		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 4	
Mailing Address emp 11926 50 Beale Street		Transaction ID: SA11A1.5024	
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		\$100 Biweekly Payroll Contribution	
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 ▼ 1900.00		

SUBTOTAL of Receipts This Page (optional) ▶	685.23
TOTAL This Period (last page this line number only) ▶	5857.78

**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 26 / 26

<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
Bank Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5025

Date of Disbursement

/ /

Amount of Each Disbursement this Period

36.94

SUBTOTAL of Disbursements This Page (optional)

36.94

TOTAL This Period (last page this line number only)

36.94