

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **50 Beale Street**
17-C356
 Check if different than previously reported. (ACC) **SAN FRANCISCO** **CA** **94105**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **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 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 / / 2016 through / / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Glidden, Emily, , ,
Type or Print Name of Treasurer

Signature of Treasurer Glidden, Emily, , , [Electronically Filed] Date / / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="178993.66"/>	<input type="text" value="178993.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="126255.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="42782.82"/>	<input type="text" value="126123.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="169038.03"/>	<input type="text" value="305117.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="45551.06"/>	<input type="text" value="181630.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="123486.97"/>	<input type="text" value="123486.97"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 09 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37242.82	87120.85
(ii) Unitemized	3040.00	36502.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	40282.82	123623.46
(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)	40282.82	123623.46
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.....	2500.00	2500.00
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 Transfers (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)).....▶	42782.82	126123.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	42782.82	126123.46

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	45500.00	181500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	51.06	130.15
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	45551.06	181630.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45551.06	181630.15

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	40282.82	123623.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40282.82	123623.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 78
	<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. Aram, Cyrus, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8445
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11Al.18179
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

B. Ayoubpour, Siamak, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx0962
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11Al.18180
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

C. Baker, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx7093
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11Al.18181
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....	476.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 78
<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. Baker, Terri, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx1950, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18182
 Amount of Each Receipt this Period 189.00
 Memo Item
 Payroll contribution per cycle \$27.00

B. Baldi, Phillip, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx6202 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18183
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

C. Balousek, Bret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx5527 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18184
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....▶	539.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 78
	<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. Barlesi, Richard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx3857
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11Al.18186
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

B. Barnes, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx2076
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11Al.18187
 Amount of Each Receipt this Period 350.00
 Memo Item
 Payroll contribution per cycle \$50.00

C. Barnhard, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx7811
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Sr. Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11Al.18188
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....	602.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 78
	<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. Barnhart, Tori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx7483
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18189
 Amount of Each Receipt this Period
 105.00
 Memo Item
 Payroll contribution per cycle \$15.00

B. Barry, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx1179
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18190
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

C. Bassett, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx2676
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18191
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	406.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 78
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Bassett, Peter, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18192
Mailing Address Employee # xx1290 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Battin, David, A., ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18193
Mailing Address Employee #xx4657 50 Beale St.,		Amount of Each Receipt this Period 140.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$20.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Beal, Kenneth, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18194
Mailing Address Employee #xx3608 50 Beale Street		Amount of Each Receipt this Period 140.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$20.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 78
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Bell, Ronda, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18195
Mailing Address Employee# xx7066 50 Beale Street		Amount of Each Receipt this Period 105.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$15.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bellamy, Christopher, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18196
Mailing Address emp xx1425 50 Beale street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of California	Occupation (for Individual) VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Beller, Kimberly, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18197
Mailing Address Employee# xx5254 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 78
<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. Bergman, Patrice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx6395
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18198
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

B. Bergstrom, Melinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx2057
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18199
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll contribution per cycle \$20.00

C. Beuoy, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# 5248
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18200
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	490.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 78
	<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. Blakeman, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee#xx1919
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18201
 Amount of Each Receipt this Period 210.00
 Memo Item
 Payroll contribution per cycle \$30.00

B. Bleau, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx1927
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18202
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

C. Boudreau, Theresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx3316
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18203
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll contribution per cycle \$15.00

SUBTOTAL of Receipts This Page (optional).....	441.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 78
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Boul, Wendy, , ,		Date of Receipt
Mailing Address Employee# xx0289 50 Beale Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18204
Name of Employer (for Individual) Blue Shield of CA		Amount of Each Receipt this Period <input type="text" value="70.00"/>
Occupation (for Individual) Director		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bourn, Courtney, , ,		Date of Receipt
Mailing Address emp xx6228 50 Beale Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18205
Name of Employer (for Individual) Blue Shield of CA		Amount of Each Receipt this Period <input type="text" value="84.00"/>
Occupation (for Individual) Manager		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$12.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Braza, Carlo, , ,		Date of Receipt
Mailing Address emp xx1673 50 Beale street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18206
Name of Employer (for Individual) Blue Shield of California		Amount of Each Receipt this Period <input type="text" value="126.00"/>
Occupation (for Individual) Senior Manager		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="280.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 78
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Britts, Ruta, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18208
Mailing Address emp xx2060 50 Beale Street		Amount of Each Receipt this Period 140.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$20.00
Name of Employer (for Individual) Blue Shield	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brizendine, Laverne A, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18209
Mailing Address emp xx6076 50 Beale Street		Amount of Each Receipt this Period 210.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$30.00
Name of Employer (for Individual) Blue Shield	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Brooks, Nicole, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18210
Mailing Address Employee# xx7380 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 78
<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. Brown, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Emp #xx0647
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18211
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

B. Brown, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx9004, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield Occupation (for Individual) VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 632.80

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18212
 Amount of Each Receipt this Period
 221.48
 Memo Item
 Payroll contribution per cycle \$31.64

C. Campagna, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3045
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18214
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	571.48
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 78
	<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. Campbell, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx0969
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18215
 Amount of Each Receipt this Period 225.00
 Memo Item
 Payroll contribution per cycle \$45.00

B. Casserly, Elena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx6221
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18216
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

C. Casulo, Adriel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx6492
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18219
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....	526.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 78
	<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. Cates, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8886
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18220
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

B. Cemo, Summer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3503
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18221
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

C. Chadwell, George, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx0628
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 285.60

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18222
 Amount of Each Receipt this Period
 99.96
 Memo Item
 Payroll contribution per cycle \$14.28

SUBTOTAL of Receipts This Page (optional).....	400.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 78
<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. Chasin, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx8020
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18223
 Amount of Each Receipt this Period 840.00
 Memo Item
 Payroll contribution per cycle \$120.00

B. Chayt, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3401
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Assoc. General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18224
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

C. Chiarodit, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx7088
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18225
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll contribution per cycle \$15.00

SUBTOTAL of Receipts This Page (optional).....▶	1120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 78
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Chiu, Vanessa, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18226
Mailing Address Employee# xx1316 50 Beale Street		Amount of Each Receipt this Period 126.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Name of Employer (for Individual) Blue Shield of California	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chong, John, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18227
Mailing Address Employee # xx4168 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cirkovic, Luke, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18229
Mailing Address Emp# xx5375 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	476.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 78
	<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. Ciufo, Denise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx4063, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18230
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll contribution per cycle \$15.00

B. Dahlem, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Emp# xx1109 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18233
 Amount of Each Receipt this Period 700.00
 Memo Item
 Payroll contribution per cycle \$100.00

C. Dailey, Carla M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Emp# xx0442 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18234
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	980.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 78
	<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. Datcher, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx7287
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18235
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

B. DeBartoli, Jodie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx1900
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18236
 Amount of Each Receipt this Period 84.00
 Memo Item
 Payroll contribution per cycle \$12.00

C. DeBerry, Andrea, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx1594
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18237
 Amount of Each Receipt this Period 210.00
 Memo Item
 Payroll contribution per cycle \$30.00

SUBTOTAL of Receipts This Page (optional).....	469.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 78
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Dehart, Amy, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18238
Mailing Address Employee# xx0621 50 Beale Street		Amount of Each Receipt this Period 126.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Consultant Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Devine, Renee, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18239
Mailing Address Emp# xx0495 50 Beale Street		Amount of Each Receipt this Period 126.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Dharmar, Rajkumar, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18240
Mailing Address Employee# xx8261 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	427.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dietz, Megan-Bria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3092
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18241
 Amount of Each Receipt this Period 35.00
 Memo Item
 Payroll contribution per cycle \$5.00

B. Dutra, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3097
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18243
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

C. Edwards, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3066
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18244
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....	287.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 78
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Ejuwa, Jacqueline, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18246
Mailing Address Employee #xx3113 50 Beale Street		Amount of Each Receipt this Period 259.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$37.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Elliott, James, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18247
Mailing Address emp xx5549 50 Beale Street		Amount of Each Receipt this Period 315.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$45.00
Name of Employer (for Individual) Blue Shield of California	Occupation (for Individual) VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ellis, Michael, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18248
Mailing Address emp xx2404 50 Beale Street		Amount of Each Receipt this Period 140.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$20.00
Name of Employer (for Individual) Blue Shield of California	Occupation (for Individual) General Counsel	
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).....	714.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Engelbert, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx2109
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 234.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18249
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

B. Epstein, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx0249
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Vice President, Public Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1900.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18250
 Amount of Each Receipt this Period
 665.00
 Memo Item
 Payroll contribution per cycle \$95.00

C. Ferguson, Kathryn, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx2319
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18251
 Amount of Each Receipt this Period
 119.00
 Memo Item
 Payroll contribution per cycle \$17.00

SUBTOTAL of Receipts This Page (optional).....	910.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 78
	<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. Fields, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3507
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18252
 Amount of Each Receipt this Period 1344.00
 Memo Item
 Payroll contribution per cycle \$192.00

B. Fisher, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx1784
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18253
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

C. Flaum, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx1242
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18254
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	1645.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 78
	<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. Florez, Hugo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx1071
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18255
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

B. Fogelman, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx2239
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 347.40

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18256
 Amount of Each Receipt this Period
 121.59
 Memo Item
 Payroll contribution per cycle \$17.37

C. Fortino, Dawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8687
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18257
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	422.59
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 29 OF 78
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Gannon, Jennifer, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18259
Mailing Address Employee # xx2952 50 Beale Street		Amount of Each Receipt this Period 126.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gebhart, Michael, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18260
Mailing Address Emp# xx7244 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gensch, Devin, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18261
Mailing Address emp xx4081 50 Beale Street		Amount of Each Receipt this Period 196.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$28.00
Name of Employer (for Individual) Blue Shield of California	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional).....	497.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Gibson Pace, Diana, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx0252
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18262
 Amount of Each Receipt this Period 245.00
 Memo Item
 Payroll contribution per cycle \$35.00

B. Gilchrist, Bobby, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx5297
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18263
 Amount of Each Receipt this Period 84.00
 Memo Item
 Payroll contribution per cycle \$12.00

C. Gonzales, Celia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx5859
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18264
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 78
	<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. Gregg, Christy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx2233
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18266
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

B. Guerridos, Raul E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Emp# xx2698
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18268
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

C. Harmatz, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx5510
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18271
 Amount of Each Receipt this Period 84.00
 Memo Item
 Payroll contribution per cycle \$12.00

SUBTOTAL of Receipts This Page (optional).....	385.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 78
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Hawkins, Michelle, M, ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18272
Mailing Address Employee# xx4936 50 Beale Street		Amount of Each Receipt this Period 108.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$27.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 459.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Herrera, Ergueen, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18273
Mailing Address Employee # xx2968 50 Beale Street		Amount of Each Receipt this Period 126.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hilty, Larry, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18275
Mailing Address emp xx9314 50 Beale Street		Amount of Each Receipt this Period 245.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$35.00
Name of Employer (for Individual) Blue Shield of California	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....▶	479.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 78
	<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. Ho, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx9612
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18276
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

B. Ho, Mailin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx3424
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18277
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

C. Hoffman, Helena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx5671
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18279
 Amount of Each Receipt this Period
 77.00
 Memo Item
 Payroll contribution per cycle \$11.00

SUBTOTAL of Receipts This Page (optional).....	378.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 78
	<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. Hoffman, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Emp# xx0479
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA11AI.18280
 Amount of Each Receipt this Period
 54.00
 Memo Item
 Payroll contribution per cycle \$18.00

B. Hornbacher, Stanford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx6615
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of Callifornia Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA11AI.18283
 Amount of Each Receipt this Period
 157.50
 Memo Item
 Payroll contribution per cycle \$22.50

C. Hoyt, Janis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Emp# xx1221
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA11AI.18284
 Amount of Each Receipt this Period
 25.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	236.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 78
	<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. Huber, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx7445
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18285
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

B. Hurd, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx6366
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18286
 Amount of Each Receipt this Period 210.00
 Memo Item
 Payroll contribution per cycle \$30.00

C. Iwasaki, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3419
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18289
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	511.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 78
<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. Jacobs, Seth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx6574
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Sr. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18290
 Amount of Each Receipt this Period 525.00
 Memo Item
 Payroll contribution per cycle \$75.00

B. Jaresko, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx5244
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18291
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll contribution per cycle \$20.00

C. Jensen-Badaa, Carrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx1601
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18292
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	840.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 78
	<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. Jmath, Pooja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18293
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

B. Johns, Lorie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx5447 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18294
 Amount of Each Receipt this Period 157.50
 Memo Item
 Payroll contribution per cycle \$22.50

C. Johnson-Saville, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx2920 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18296
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....	458.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 78
	<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. Kalyan, Krishna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3135
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18298
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

B. Karrobi, Syng, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx4555
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18299
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

C. Kawamoto, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx4997
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 306.20

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18300
 Amount of Each Receipt this Period 107.17
 Memo Item
 Payroll contribution per cycle \$15.31

SUBTOTAL of Receipts This Page (optional).....	457.17
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 39 OF 78
	<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. Khemani, Pradip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx7222
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18301
 Amount of Each Receipt this Period 245.00
 Memo Item
 Payroll contribution per cycle \$35.00

B. Kibler, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx5267
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18302
 Amount of Each Receipt this Period 455.00
 Memo Item
 Payroll contribution per cycle \$65.00

C. Kiefer, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx8277
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18303
 Amount of Each Receipt this Period 385.00
 Memo Item
 Payroll contribution per cycle \$55.00

SUBTOTAL of Receipts This Page (optional).....	1085.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 78
<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. Kim, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx5487
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18304
 Amount of Each Receipt this Period
 245.00
 Memo Item
 Payroll contribution per cycle \$35.00

B. Kim, Yun, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx9394
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18305
 Amount of Each Receipt this Period
 105.00
 Memo Item
 Payroll contribution per cycle \$15.00

C. Knudsen, Amanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3382
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Assoc. General Counsel
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18307
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....	476.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 78
	<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. Lam, Nora, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx5642
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18309
 Amount of Each Receipt this Period 105.00
 Memo Item
 Payroll contribution per cycle \$15.00

B. Langum, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx2976
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18310
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

C. Lattuca, Carmelo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx1279
 50 Beale street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18311
 Amount of Each Receipt this Period 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....	357.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 78
	<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. Lewis, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Beale Street
 employee #xx2384
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18312
 Amount of Each Receipt this Period 157.50
 Memo Item
 Payroll contribution per cycle \$22.50

B. Liu, Ruth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8903
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18313
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

C. Luippold, Analisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx6832
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18315
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	507.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 78
	<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. Lum, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8386
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18316
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

B. Lynaugh, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx9411
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18317
 Amount of Each Receipt this Period
 280.00
 Memo Item
 Payroll contribution per cycle \$40.00

C. Manning, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3338
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18319
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....	581.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Markovich, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx6510
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18320
 Amount of Each Receipt this Period
 700.00
 Memo Item
 Payroll contribution per cycle \$100.00

B. Marshall, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8149
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18321
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

C. Mccoy, Molly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3480
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18322
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....	952.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. McDonald, Glen, , ,		Date of Receipt
Mailing Address Employee# xx1520 50 Beale Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18323
Name of Employer (for Individual) Blue Shield of CA		Amount of Each Receipt this Period <input type="text" value="90.00"/>
Occupation (for Individual) Director		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="324.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McFarland, Shelley, , ,		Date of Receipt
Mailing Address emp xx1236, 50 Beale Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18324
Name of Employer (for Individual) Blue Shield		Amount of Each Receipt this Period <input type="text" value="72.66"/>
Occupation (for Individual) Manager		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$10.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="207.60"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Meinhofer, Steven, , ,		Date of Receipt
Mailing Address Employee# xx8066 50 Beale Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18326
Name of Employer (for Individual) Blue Shield of CA		Amount of Each Receipt this Period <input type="text" value="105.00"/>
Occupation (for Individual) Manager		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="267.66"/>
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: (check only one)	PAGE 46 OF 78
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Minarcin, Andrea, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18327
Mailing Address 50 Beale Street employee #xx4753			Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of California		Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Miranda, Kristen, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18328
Mailing Address emp xx3904, 50 Beale Street			Amount of Each Receipt this Period 200.00
City San Francisco	State CA	Zip Code 94105	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll contribution per cycle \$50.00
Name of Employer (for Individual) Blue Shield		Occupation (for Individual) VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Moore, Jayne, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18329
Mailing Address emp xx2572 50 Beale Street			Amount of Each Receipt this Period 105.00
City San Francisco	State CA	Zip Code 94105	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll contribution per cycle \$15.00
Name of Employer (for Individual) Blue Shield of California		Occupation (for Individual) 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).....	480.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 78
	<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	<input type="checkbox"/> 17

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

A. Moore, Myra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx1294
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18330
 Amount of Each Receipt this Period -100.00
 Memo Item
 Payroll contribution per cycle \$25.00, Refund \$275 9/29/16

B. Mullany, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx8111
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18331
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

C. Murphy, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx2151
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 492.40

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18332
 Amount of Each Receipt this Period 172.34
 Memo Item
 Payroll contribution per cycle \$24.62

SUBTOTAL of Receipts This Page (optional).....	247.34
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 48 OF 78
<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. Murray, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx1032
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18333
 Amount of Each Receipt this Period 420.00
 Memo Item
 Payroll contribution per cycle \$60.00

B. Nye, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3144
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18334
 Amount of Each Receipt this Period 350.00
 Memo Item
 Payroll contribution per cycle \$50.00

C. O'Hara, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx0977
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18337
 Amount of Each Receipt this Period 490.00
 Memo Item
 Payroll contribution per cycle \$70.00

SUBTOTAL of Receipts This Page (optional).....	1260.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 78
	<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. O'Neil, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8692
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18338
 Amount of Each Receipt this Period
 350.00
 Memo Item
 Payroll contribution per cycle \$50.00

B. O'Neill, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8459
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18339
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

C. Ocepek, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx1761
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18335
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 78
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Odette, Terese, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18336
Mailing Address Employee# xx7096 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Panek, William, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18342
Mailing Address emp xx8535 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of California	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Papouchian-Kulinski, Armine, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18343
Mailing Address Employee #xx5680 50 Beale St.,		Amount of Each Receipt this Period 280.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$40.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....	630.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Pearce, Jeff, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18344
Mailing Address Employee# xx0492 50 Beale Street		Amount of Each Receipt this Period 105.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$15.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Poon, Paul, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18346
Mailing Address Employee #xx6412 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Prettyman, Daniel, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18349
Mailing Address emp xx5418 50 Beale St.		Amount of Each Receipt this Period 105.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$15.00
Name of Employer (for Individual) Blue Shield of California	Occupation (for Individual) VP	
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).....▶	385.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Ramey, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx2396
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18350
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

B. Raongthum, Anchulee J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Emp# xx6257
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18351
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

C. Rau, Carsten, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3095
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18353
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	427.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 78
	<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. Richmond, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx6543
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18354
 Amount of Each Receipt this Period
 105.00
 Memo Item
 Payroll contribution per cycle \$15.00

B. Rinaldi, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx1645
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 277.80

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18355
 Amount of Each Receipt this Period
 97.23
 Memo Item
 Payroll contribution per cycle \$13.89

C. Robinson, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee #xx7680
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18356
 Amount of Each Receipt this Period
 140.00
 Memo Item
 Payroll contribution per cycle \$20.00

SUBTOTAL of Receipts This Page (optional).....	342.23
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 54 OF 78
	<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. Roehm, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx7259
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18357
 Amount of Each Receipt this Period
 105.00
 Memo Item
 Payroll contribution per cycle \$15.00

B. Rumsey, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx1333
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18358
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

C. Russell, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Emp# xx0497
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18359
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 78
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Saadzoj, Lina, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18360
Mailing Address Employee# xx5649 50 Beale Street			Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of CA		Occupation (for Individual) VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Safran, Joseph, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18361
Mailing Address emp xx9164, 50 Beale Street			Amount of Each Receipt this Period 140.00
City San Francisco	State CA	Zip Code 94105	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll contribution per cycle \$20.00
Name of Employer (for Individual) Blue Shield		Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Salow, Richard, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18363
Mailing Address 50 Beale Street employee # xx5516			Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of California		Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional).....	490.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 78
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Sanchez, Luis, , ,		Date of Receipt
Mailing Address Employee# xx0908 50 Beale Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18364
Name of Employer (for Individual) Blue Shield of CA		Amount of Each Receipt this Period <input type="text" value="105.00"/>
Occupation (for Individual) Manager		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sasaki, Lori, C, ,		Date of Receipt
Mailing Address Employee# xx7711 50 Beale Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18365
Name of Employer (for Individual) Blue Shield of CA		Amount of Each Receipt this Period <input type="text" value="105.00"/>
Occupation (for Individual) Manager		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Satterwhaite, Lauri, , ,		Date of Receipt
Mailing Address emp xx9223 50 Beale Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18366
Name of Employer (for Individual) Blue Shield of California		Amount of Each Receipt this Period <input type="text" value="140.00"/>
Occupation (for Individual) Director		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 78
	<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. Schulz, Shayna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Employee # xx3526
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18368

Amount of Each Receipt this Period
 315.00

Memo Item
 Payroll contribution per cycle \$45.00

B. Scott, Hope, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Employee # xx0637
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18369

Amount of Each Receipt this Period
 126.00

Memo Item
 Payroll contribution per cycle \$18.00

C. Shaw, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address emp xx1283
 50 Beale street

City San Francisco State CA Zip Code 94105

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

Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Sr. Consultant

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18373

Amount of Each Receipt this Period
 105.00

Memo Item
 Payroll contribution per cycle \$15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 546.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 78
<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. Sheils, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx5617
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18374
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

B. Shen, Danny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx2954
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18376
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

C. Shih, Michelle, Y, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx6919
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18378
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	665.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 78
<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. Shivinsky, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8369
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18379
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

B. Smith, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx7922
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18381
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

C. Solomon, Gilbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx1700
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 923.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18382
 Amount of Each Receipt this Period 323.05
 Memo Item
 Payroll contribution per cycle \$46.15

SUBTOTAL of Receipts This Page (optional).....▶	813.05
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 60 OF 78
	<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. Sommercamp, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3636
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18383
 Amount of Each Receipt this Period 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

B. Spector, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx4420, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1282.40

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18384
 Amount of Each Receipt this Period 448.84
 Memo Item
 Payroll contribution per cycle \$64.12

C. Stuart, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx2061
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.18387
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

SUBTOTAL of Receipts This Page (optional).....	938.84
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 78
	<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. Sui, Wendy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx7957
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18388
 Amount of Each Receipt this Period
 105.00
 Memo Item
 Payroll contribution per cycle \$15.00

B. Summer, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address emp xx1535
 50 Beale street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Sr. Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18389
 Amount of Each Receipt this Period
 196.00
 Memo Item
 Payroll contribution per cycle \$28.00

C. Sun, Cecilia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx3131
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18390
 Amount of Each Receipt this Period
 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

SUBTOTAL of Receipts This Page (optional).....	616.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Taylor, Jayne W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Emp# xx5713
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18392

Amount of Each Receipt this Period
 175.00

Memo Item
 Payroll contribution per cycle \$25.00

B. Teismann, Lynne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Employee# xx2926
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18393

Amount of Each Receipt this Period
 126.00

Memo Item
 Payroll contribution per cycle \$18.00

C. Terrana, Antoinette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Employee# xx1496
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18394

Amount of Each Receipt this Period
 75.00

Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	376.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 78
	<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. Thygeson, Nels M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8616
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18395
 Amount of Each Receipt this Period
 385.00
 Memo Item
 Payroll contribution per cycle \$55.00

B. Tolentino Lorenzo, Janice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx4413
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 234.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18396
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

C. Ullom, Regina A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Emp# xx5624
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18399
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....	637.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 78
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Ulrich, Loni, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18400
Mailing Address Emp# xx8333 50 Beale Street		Amount of Each Receipt this Period 105.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$15.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Valencia, Devon M, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18401
Mailing Address Emp# xx2459 50 Beale Street		Amount of Each Receipt this Period 315.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$45.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Valkonen, Jukka, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18402
Mailing Address Employee# xx0287 50 Beale Street		Amount of Each Receipt this Period 108.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Name of Employer (for Individual) Blue Shield of California	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 342.00	

SUBTOTAL of Receipts This Page (optional).....	528.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 78
	<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. Van Eckert, Ingrid, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Emp# xx6393
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18403

Amount of Each Receipt this Period
 126.00

Memo Item
 Payroll contribution per cycle \$18.00

B. Van Goor, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Employee # xx3046
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18404

Amount of Each Receipt this Period
 175.00

Memo Item
 Payroll contribution per cycle \$25.00

C. Walthall, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Employee# xx2537
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) SVP

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 1400.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18409

Amount of Each Receipt this Period
 490.00

Memo Item
 Payroll contribution per cycle \$70.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 791.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 78
<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. Weedn, Molly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx3790
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18411
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll contribution per cycle \$20.00

B. Welch Barker, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx1512
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18412
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

C. Wells, Darrin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8661
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11Al.18413
 Amount of Each Receipt this Period 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

SUBTOTAL of Receipts This Page (optional).....	770.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 78
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Wells, Kathleen, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18414
Mailing Address Emp# xx8546 50 Beale Street		Amount of Each Receipt this Period 210.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$30.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Whitelaw, Jayne, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18415
Mailing Address Employee #xx5978 50 Beale St.,		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wilkins, Kimball, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18416
Mailing Address Employee# xx3150 50 Beale Street		Amount of Each Receipt this Period 105.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$15.00
Name of Employer (for Individual) Blue Shield of CA	Occupation (for Individual) Director	
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).....	490.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 78
	<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. Williams, Bryce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx8031
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA11Al.18417
 Amount of Each Receipt this Period
 315.00
 Memo Item
 Payroll contribution per cycle \$45.00

B. Winter, Wendy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx2464
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA11Al.18418
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

C. Wong, Salina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Emp# xx3056
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA11Al.18421
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	616.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 78
	<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. Woodside, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx5513
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18422
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

B. Worbets, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee # xx1921
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18423
 Amount of Each Receipt this Period
 175.00
 Memo Item
 Payroll contribution per cycle \$25.00

C. Yang, Winnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Employee# xx7578
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : SA11AI.18425
 Amount of Each Receipt this Period
 126.00
 Memo Item
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....	476.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 78
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Yao, Amy, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18426
Mailing Address 50 Beale Street employee# xx5363			Amount of Each Receipt this Period 245.00
City San Francisco	State CA	Zip Code 94105	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll contribution per cycle \$35.00
Name of Employer (for Individual) Blue Shield of California		Occupation (for Individual) VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yi, Matthew, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18427
Mailing Address Employee # xx2915 50 Beale Street			Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer (for Individual) Blue Shield of CA		Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Yokoyama, Krista, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2016 Transaction ID : SA11AI.18428
Mailing Address Employee# xx8246 50 Beale Street			Amount of Each Receipt this Period 126.00
City San Francisco	State CA	Zip Code 94105	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Name of Employer (for Individual) Blue Shield of California		Occupation (for Individual) Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 360.00		

SUBTOTAL of Receipts This Page (optional).....▶	546.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 71 OF 78
(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 of Individual (Last, First, Middle Initial) or Full Organization Name
Zimmerling, Marcus, , ,

Mailing Address Employee# xx5374
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.18430

Amount of Each Receipt this Period
126.00

Memo Item
Payroll contribution per cycle \$18.00

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	37242.82

**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 72 OF 78
<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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. GRASSLEY COMMITTEE INC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1000

City DES MOINES	State IA	Zip Code 50304
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FEC ID number of contributing federal political committee. **C** C00230482

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2016

Transaction ID : SA16.18436

Amount of Each Receipt this Period
2500.00

Memo Item
Refund of 2016 Primary contribution

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. 21ST CENTURY MAJORITY FUND

Full Name (Last, First, Middle Initial)

Mailing Address 6065 ROSWELL ROAD, #2274

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement 2016 Contribution

Candidate Name **21ST CENTURY MAJORITY FUND**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 13 / 2016

FEC Identification Number **C00361956**
Transaction ID : SB23.18169

Amount of Each Disbursement this Period 2500.00

Memo Item

B. BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 2203 EASTLAND DRIVE

City BLOOMINGTON State IN Zip Code 61704

Purpose of Disbursement 2016 General

Candidate Name **BRADY FOR CONGRESS**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 15

Date of Disbursement 09 / 13 / 2016

FEC Identification Number **C00350496**
Transaction ID : SB23.18168

Amount of Each Disbursement this Period 1000.00

Memo Item

C. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Full Name (Last, First, Middle Initial)

Mailing Address 410 1ST ST SE SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement 2016 General

Candidate Name **COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 38

Date of Disbursement 09 / 20 / 2016

FEC Identification Number **C00384057**
Transaction ID : SB23.18164

Amount of Each Disbursement this Period 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. DENHAM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 2150 RIVER PLAZA DR #150		FEC Identification Number C C00473272 Transaction ID : SB23.18166 Amount of Each Disbursement this Period 5000.00
City SACRAMENTO	State CA	Zip Code 95833
Purpose of Disbursement 2016 General		Category/ Type
Candidate Name DENHAM FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 19	

Full Name (Last, First, Middle Initial) B. DOUG LAMALFA COMMITTEE		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 2150 RIVER PLAZA DR., #150		FEC Identification Number C C00509422 Transaction ID : SB23.18160 Amount of Each Disbursement this Period 1000.00
City SACRAMENTO	State CA	Zip Code 95833
Purpose of Disbursement 2016 General		Category/ Type
Candidate Name DOUG LAMALFA COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: CA	District: 01	

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN MCCAIN INC		Date of Disbursement MM / DD / YYYY 08 / 25 / 2016
Mailing Address 228 S WASHINGTON STREET SUITE 115		FEC Identification Number C C00540310 Transaction ID : SB23.18172 Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement 2016 Primary		Category/ Type
Candidate Name FRIENDS OF JOHN MCCAIN INC		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AZ	District: 00	

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

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

7000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. GARAMENDI FOR CONGRESS

Mailing Address C/O CALIFORNIA POLITICAL LAW, INC.
3605 LONG BEACH BLVD., STE. 426

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement
2016 General

Candidate Name
GARAMENDI FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2016

FEC Identification Number

C C00462697

Transaction ID : SB23.18162

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KEVIN MCCARTHY FOR CONGRESS

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2016 General

Candidate Name
KEVIN MCCARTHY FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 22

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2016

FEC Identification Number

C C00420935

Transaction ID : SB23.18167

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MCGINTY VICTORY 2016

Mailing Address 611 PENNSYLVANIA AVENUE SE
SUITE 143

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution

Candidate Name
MCGINTY VICTORY 2016

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2016

FEC Identification Number

C C00619452

Transaction ID : SB23.18174

Amount of Each Disbursement this Period

5000.00

Memo Item

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

13000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. MCNERNEY FOR CONGRESS

Mailing Address 888 16th Street, NW
Suite 570A

City Washington State DC Zip Code 20006

Purpose of Disbursement
2016 General

Candidate Name
MCNERNEY FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 11

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 08 / 2016

FEC Identification Number

C C00398644

Transaction ID : SB23.18173

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NANCY PELOSI FOR CONGRESS

Mailing Address 235 Montgomery Street
Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
2016 General

Candidate Name
NANCY PELOSI FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 20 / 2016

FEC Identification Number

C C00213512

Transaction ID : SB23.18163

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
2016 Contribution

Candidate Name
TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 20 / 2016

FEC Identification Number

C C00388421

Transaction ID : SB23.18165

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

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

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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. TONY CARDENAS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 249 E. OCEAN BLVD. SUITE 685		FEC Identification Number C00498873 Transaction ID : SB23.18158
City LONG BEACH	State CA	Zip Code 90802
Purpose of Disbursement 2016 General		Amount of Each Disbursement this Period 4000.00
Candidate Name TONY CARDENAS FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 29	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. VARGAS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address 330 ENCINITAS BLVD., SUITE 101		FEC Identification Number C00497321 Transaction ID : SB23.18176
City ENCINITAS	State CA	Zip Code 92024
Purpose of Disbursement 2016 General		Amount of Each Disbursement this Period 2000.00
Candidate Name VARGAS FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 51	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WALTERS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 30151 TOMAS		FEC Identification Number C00546853 Transaction ID : SB23.18161
City RANCHO SANTA MARGA	State CA	Zip Code 92688
Purpose of Disbursement 2016 General		Amount of Each Disbursement this Period 5000.00
Candidate Name WALTERS FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 45	<input type="checkbox"/> Memo Item

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

11000.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. WHITEHOUSE FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Mailing Address P.O. BOX 40280

City PROVIDENCE State RI Zip Code 02940

FEC Identification Number

C C00410803

Purpose of Disbursement
2016 Primary

Category/Type

Transaction ID : SB23.18171

Amount of Each Disbursement this Period

3000.00

Candidate Name

WHITEHOUSE FOR SENATE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

Memo Item

State: RI District: 00

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

3000.00

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

45500.00