

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 50 Beale Street
18-105
 Check if different than previously reported. (ACC)
SAN FRANCISCO CA 94105

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

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

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karman Chan

Signature of Treasurer Electronically Filed by Karman Chan Date 01 31 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		49454.86
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	35243.81									
(c) Total Receipts (from Line 19)	19092.60	74035.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54336.41	123490.42								
7. Total Disbursements (from Line 31)	0.00	69154.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54336.41	54336.41								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16743.76	47556.67
(i) Itemized (use Schedule A)	2348.84	24978.89
(ii) Unitemized	19092.60	72535.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19092.60	72535.56
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19092.60	74035.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19092.60	74035.56

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	68869.60
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	284.41
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	69154.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	69154.01

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	19092.60	72535.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19092.60	72535.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 42
	<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	

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

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

Full Name (Last, First, Middle Initial) A. Kenneth Sean Allen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 109049 50 Beale Street		Transaction ID: SA11A1.6753	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20	
Name of Employer Occupation Blue Shield of California Employee		Aggregate Year-to-Date ▼ 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dennis Alva		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 109311 50 Beale Street		Transaction ID: SA11A1.6755	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 120.12	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$17.16	
Name of Employer Occupation Blue Shield of California Employee		Aggregate Year-to-Date ▼ 444.46	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Contance Amador		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 113183 50 Beale Street		Transaction ID: SA11A1.6756	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 66.08	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$9.44	
Name of Employer Occupation Blue Shield of California employee		Aggregate Year-to-Date ▼ 237.24	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	326.20
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
 Sue Antonini

Mailing Address emp 054016, 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6758

Amount of Each Receipt this Period
 70.00

Payroll contribution per cycle \$10

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

Mailing Address emp 095117, 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6760

Amount of Each Receipt this Period
 140.00

Payroll contribution per cycle \$20

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

Mailing Address emp 109136
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6764

Amount of Each Receipt this Period
 70.00

Payroll contribution per cycle \$10

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Benjamin Bell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 16357 50 Beale Street		Transaction ID: SA11A1.6765
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 170.45	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$24.35	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 631.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Vivek Bhatia		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 113173 50 Beale Street		Transaction ID: SA11A1.6766
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Douglas Biehn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 112903, 50 Beale Street		Transaction ID: SA11A1.6767
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20	
Name of Employer Occupation Blue Shield employee	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	380.45
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Bruce Bodaken		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 16451 50 Beale Street		Transaction ID: SA11A1.6768
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 420.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$60
Name of Employer Blue Shield of California	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1560.00	

B. Full Name (Last, First, Middle Initial) Shirley Bolden		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 016540, 50 Beale Street		Transaction ID: SA11A1.6769
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 67.34	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$9.62
Name of Employer Blue Shield	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.02	

C. Full Name (Last, First, Middle Initial) Eric Book		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 110719 50 Beale Street		Transaction ID: SA11A1.6770
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 280.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$40
Name of Employer Blue Shield of California	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

SUBTOTAL of Receipts This Page (optional) ▶	767.34
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Gifford Boyce-Smith		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 19629 50 Beale Street		Transaction ID: SA11A1.6773
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

B. Full Name (Last, First, Middle Initial) Linda Bronson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 114382, 50 Beale Street		Transaction ID: SA11A1.6774
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15
Name of Employer Blue Cross	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

C. Full Name (Last, First, Middle Initial) Thomas Brophy		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 114076, 50 Beale Street		Transaction ID: SA11A1.6776
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20
Name of Employer Blue Cross	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional) ▶	595.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Andrea Brown		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 110187, 50 Beale Street		Transaction ID: SA11A1.6777	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50	
Name of Employer Occupation BSC employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) B. William Brown		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 059004, 50 Beale Street		Transaction ID: SA11A1.6778	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 146.02	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20.86	
Name of Employer Occupation Blue Shield employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 438.06	

Full Name (Last, First, Middle Initial) C. Michael-Anne Browne		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 111514 50 Beale Street		Transaction ID: SA11A1.6779	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) ▶	671.02
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 Michele Carrillo

Mailing Address emp 112162, 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6780

Amount of Each Receipt this Period
 70.00

Payroll contribution per cycle \$10

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

Mailing Address emp 112821, 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6782

Amount of Each Receipt this Period
 250.00

Payroll contribution per cycle \$50

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

Mailing Address emp 110628
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6783

Amount of Each Receipt this Period
 89.11

Payroll contribution per cycle \$12.73

SUBTOTAL of Receipts This Page (optional)	409.11
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Deborah Chase		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 114029, 50 Beale Street		Transaction ID: SA11A1.6785
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20	
Name of Employer Blue Shield Occupation employee	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Christopher Ciano		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 112575 50 Beale Street		Transaction ID: SA11A1.6788
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 245.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$35	
Name of Employer Blue Shield of California Occupation Employee	Aggregate Year-to-Date ▼ 910.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Denise Ciufu		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 054063, 50 Beale Street		Transaction ID: SA11A1.6789
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10	
Name of Employer Blue Shield Occupation employee	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Theresa Clarke		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 113787, 50 Beale Street		Transaction ID: SA11A1.6790	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 175.00		
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25		
Name of Employer Occupation Blue Shield employee	Aggregate Year-to-Date ▼ 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Bob Clifton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 111654 50 Beale Street		Transaction ID: SA11A1.6791	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20		
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Brian Clinch		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 45006 50 Beale Street		Transaction ID: SA11A1.6792	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 371.17		
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$37.08		
Name of Employer Occupation Blue Shield of California Vice President, Sales	Aggregate Year-to-Date ▼ 1226.45		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	566.17
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Scott E. Coffin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 111731 50 Beale Street		Transaction ID: SA11A1.6793
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10	
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B. Full Name (Last, First, Middle Initial) Bruce Cohen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 095327, 50 Beale Street		Transaction ID: SA11A1.6794
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20	
Name of Employer Blue Shield	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C. Full Name (Last, First, Middle Initial) Edward Cymerys		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 114609, 50 Beale Street		Transaction ID: SA11A1.6797
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$100	
Name of Employer Blue Shield	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 Patricia R. Domenickine

Mailing Address emp 111504
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 582.47

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6801

Amount of Each Receipt this Period
 157.99

Payroll contribution per cycle \$22.57

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

Mailing Address emp 56271
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation IFP Undewriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6803

Amount of Each Receipt this Period
 70.00

Payroll contribution per cycle \$10

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

Mailing Address emp 111590
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6804

Amount of Each Receipt this Period
 75.00

Payroll contribution per cycle \$25

SUBTOTAL of Receipts This Page (optional)	302.99
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Craig I. Elsdon-Dew		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 113625 50 Beale Street		Transaction ID: SA11A1.6806
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 77.77	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$11.11	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 287.26	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Thomas Epstein		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 110249 50 Beale Street		Transaction ID: SA11A1.6807
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 420.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$60	
Name of Employer Occupation Blue Shield of California Vice President, Public Affairs	Aggregate Year-to-Date ▼ 1560.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Kathryn M. Ferguson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 32319 50 Beale Street		Transaction ID: SA11A1.6809
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	602.77
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Deborah Fleming		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 114050 50 Beale St.		Transaction ID: SA11A1.6811	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10	
Name of Employer Occupation Blue Shield of California Employee		Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Carol Fogelman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 32239 50 Beale Street		Transaction ID: SA11A1.6812	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 72.09	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.3	
Name of Employer Occupation Blue Shield of California Employee		Aggregate Year-to-Date ▼ 267.79	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jaqueline Foster		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 112030, 50 Beale Street		Transaction ID: SA11A1.6813	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15	
Name of Employer Occupation Blue Shield employee		Aggregate Year-to-Date ▼ 315.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	247.09
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ruby Gartrell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 100207, 50 Beale Street		Transaction ID: SA11A1.6815
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10	
Name of Employer Blue Shield Occupation employee	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Geyer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 42026 50 Beale Street		Transaction ID: SA11A1.6816
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25	
Name of Employer Blue Shield of California Occupation Vice President	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ketan Gima		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 112246 50 Beale Street		Transaction ID: SA11A1.6817
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$50	
Name of Employer Blue Shield of California Occupation Manager	Aggregate Year-to-Date ▼ 1300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	595.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Laura E. Gooler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 113778 50 Beale Street		Transaction ID: SA11A1.6818
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 73.85	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.55
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.30	

B. Full Name (Last, First, Middle Initial) Douglas Grant		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 27417 50 Beale Street		Transaction ID: SA11A1.6819
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C. Full Name (Last, First, Middle Initial) Stephanie Greenwood		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 027347, 50 Beale Street		Transaction ID: SA11A1.6820
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10
Name of Employer Blue Shield	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	213.85
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Robert Harjo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 16340 50 Beale Street		Transaction ID: SA11A1.6825	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

B. Full Name (Last, First, Middle Initial) Helena Hoffman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 95671 50 Beale Street		Transaction ID: SA11A1.6830	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 67.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$11	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 276.00	

C. Full Name (Last, First, Middle Initial) Diana Huang		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 114587, 50 Beale Street		Transaction ID: SA11A1.6831	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10	
Name of Employer Occupation Blue Shield employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	207.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Tony R. Ibarra		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 112981 50 Beale Street		Transaction ID: SA11A1.6832
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

B. Full Name (Last, First, Middle Initial) Marianne Jackson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 112372 50 Beale Street		Transaction ID: SA11A1.6834
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 385.70	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$55.10
Name of Employer Blue Shield of California	Occupation Senior Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1415.50	

C. Full Name (Last, First, Middle Initial) Seth Jacobs		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 16574 50 Beale Street		Transaction ID: SA11A1.6835
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional) ▶	560.70
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Kathryn Jefcoat		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 95114 50 Beale Street		Transaction ID: SA11A1.6836
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10	
Name of Employer Occupation Blue Shield of California Director	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Michael Johnson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 111769 50 Beale Street		Transaction ID: SA11A1.6837
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 113.05	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$16.15	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 415.85	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) David Joyner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 19639 50 Beale Street		Transaction ID: SA11A1.6839
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20	
Name of Employer Occupation Blue Shield of California Vice President	Aggregate Year-to-Date ▼ 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	323.05
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 Yun Kim

Mailing Address emp 109394
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6842

Amount of Each Receipt this Period
 70.00

Payroll contribution per cycle \$10

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

Mailing Address emp 112238
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2790.30

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6844

Amount of Each Receipt this Period
 756.63

Payroll contribution per cycle \$108.09

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

Mailing Address emp 062157, 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6845

Amount of Each Receipt this Period
 70.00

Payroll contribution per cycle \$10

SUBTOTAL of Receipts This Page (optional)	896.63
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 Richard D. Lee

Mailing Address emp 10807
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6847

Amount of Each Receipt this Period
 140.00

Payroll contribution per cycle \$20

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

Mailing Address emp 113832
 50 Beale St.

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 272.84

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6850

Amount of Each Receipt this Period
 74.13

Payroll contribution per cycle \$10.59

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

Mailing Address emp 109838
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 380.01

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6853

Amount of Each Receipt this Period
 103.67

Payroll contribution per cycle \$14.81

SUBTOTAL of Receipts This Page (optional)	317.80
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Kathleen M. Lucke		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 111911 50 Beale Street		Transaction ID: SA11A1.6854
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 163.59	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$23.37	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 591.06	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Michael Lujan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 112179 50 Beale Street		Transaction ID: SA11A1.6855
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Kathleen Lynaugh		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 109411 50 Beale Street		Transaction ID: SA11A1.6856
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 210.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$30	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 780.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	548.59
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address emp 109982
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6857

Amount of Each Receipt this Period
140.00

Payroll contribution per cycle \$20

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

Mailing Address emp 113314, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
791.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6858

Amount of Each Receipt this Period
263.90

Payroll contribution per cycle \$37.70

C. Full Name (Last, First, Middle Initial)
Fred J. Mann

Mailing Address emp 61151
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.6859

Amount of Each Receipt this Period
70.00

Payroll contribution per cycle \$10

SUBTOTAL of Receipts This Page (optional)	▶	473.90
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Paul Markovich		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 16510 50 Beale Street		Transaction ID: SA11A1.6860
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 269.22	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$38.46
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

B. Full Name (Last, First, Middle Initial) Cynthia Martin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 111441 50 Beale Street		Transaction ID: SA11A1.6861
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 177.17	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.31
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 653.71	

C. Full Name (Last, First, Middle Initial) Patricia Mason		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 2508 50 Beale Street		Transaction ID: SA11A1.6862
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional) ▶	516.39
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Beverly Mead		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 114087 50 Beale St.		Transaction ID: SA11A1.6864
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 460.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Kristen Miranda		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 113904, 50 Beale Street		Transaction ID: SA11A1.6866
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15	
Name of Employer Occupation Blue Shield employee	Aggregate Year-to-Date ▼ 315.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Cathleen Murphy		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 113067, 50 Beale Street		Transaction ID: SA11A1.6868
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25	
Name of Employer Occupation Blue Shield employee	Aggregate Year-to-Date ▼ 525.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	360.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jon Murphy		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 112151 50 Beale Street		Transaction ID: SA11A1.6869
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 65.66	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$9.38	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 240.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Debbie Naegle		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 16484 50 Beale Street		Transaction ID: SA11A1.6870
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 205.94	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$29.42	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 728.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Novelli		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 111112 50 Beale Street		Transaction ID: SA11A1.6871
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 456.33	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$65.19	
Name of Employer Occupation Blue Shield of California Senior Vice President	Aggregate Year-to-Date ▼ 1694.95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	727.93
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William Panek		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 18535 50 Beale Street		Transaction ID: SA11A1.6873
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10
Name of Employer Blue Shield of California	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Lisa Peers		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 113618, 50 Beale Street		Transaction ID: SA11A1.6874
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10
Name of Employer Blue Shield	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Kathy Richards		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 109053 50 Beale Street		Transaction ID: SA11A1.6880
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Gretchen Richardson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 111944, 50 Beale Street		Transaction ID: SA11A1.6881
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20	
Name of Employer Blue Shield Occupation employee	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Mika D. Riedinger		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 27156 50 Beale Street		Transaction ID: SA11A1.6882
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 124.32	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$17.76	
Name of Employer Blue Shield of California Occupation Employee	Aggregate Year-to-Date ▼ 406.54	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Karen Rinaldi		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 111645 50 Beale Street		Transaction ID: SA11A1.6883
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 83.23	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$11.89	
Name of Employer Blue Shield of California Occupation Employee	Aggregate Year-to-Date ▼ 307.94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	347.55
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Norvita Robinson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 111723, 50 Beale Street		Transaction ID: SA11A1.6884	
City San Francisco	State CA	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10	
Name of Employer Blue Shield	Occupation employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

B. Full Name (Last, First, Middle Initial) Lisa Rubino		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 75263 50 Beale Street		Transaction ID: SA11A1.6885	
City San Francisco	State CA	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$30	
Name of Employer Blue Shield of California	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

C. Full Name (Last, First, Middle Initial) Joseph Safran		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 109164, 50 Beale Street		Transaction ID: SA11A1.6886	
City San Francisco	State CA	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20	
Name of Employer Blue Shield	Occupation employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

SUBTOTAL of Receipts This Page (optional) ▶	240.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher K. Seides		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 95748 50 Beale Street		Transaction ID: SA11A1.6890
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10	
Name of Employer Blue Shield of California Occupation Employee	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Spector		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 114420, 50 Beale Street		Transaction ID: SA11A1.6893
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 117.31	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$16.18	
Name of Employer Blue Shield Occupation employee	Aggregate Year-to-Date ▼ 491.73	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nancy Stalker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 16479 50 Beale Street		Transaction ID: SA11A1.6895
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 210.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$30	
Name of Employer Blue Shield of California Occupation Vice President, Pharmacy Services	Aggregate Year-to-Date ▼ 780.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	397.31
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert F. Stephenson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 32257 50 Beale Street		Transaction ID: SA11A1.6897
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Susan Stephenson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 109942, 50 Beale Street		Transaction ID: SA11A1.6896
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10	
Name of Employer Occupation Blue Shield employee	Aggregate Year-to-Date ▼ 235.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mary C. St John		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 95485 50 Beale Street		Transaction ID: SA11A1.6898
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	315.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Douglas Sturnick		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 111996 50 Beale Street		Transaction ID: SA11A1.6899
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 156.80	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$22.40
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 549.94	

B. Full Name (Last, First, Middle Initial) Lyle Swallow		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 18612 50 Beale Street		Transaction ID: SA11A1.6900
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 280.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$40
Name of Employer Blue Shield of California	Occupation Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

C. Full Name (Last, First, Middle Initial) James Taylor		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 112237, 50 Beale Street		Transaction ID: SA11A1.6901
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10
Name of Employer Blue Shield	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	506.80
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Eric Terndrup		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 114199 50 Beale St.		Transaction ID: SA11A1.6902
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 164.45	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$23.05	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 636.68	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Angelique Tompkins		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 112717 50 Beale Street		Transaction ID: SA11A1.6904
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 390.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Dennis M. Toohey		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 113255 50 Beale Street		Transaction ID: SA11A1.6906
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	339.45
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joanne Trenam		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 020511, 50 Beale Street		Transaction ID: SA11A1.6908	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10		
Name of Employer Blue Shield Occupation employee	Aggregate Year-to-Date ▼ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Florence VanGeem		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 108247 50 Beale Street		Transaction ID: SA11A1.6912	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 137.89		
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$19.70		
Name of Employer Blue Shield of California Occupation Employee	Aggregate Year-to-Date ▼ 507.53		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Conrad Vilafuerte		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address emp 113903, 50 Beale Street		Transaction ID: SA11A1.6915	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10		
Name of Employer Blue Shield Occupation employee	Aggregate Year-to-Date ▼ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	277.89
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Robert Wadsworth		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 18560 50 Beale Street		Transaction ID: SA11A1.6916
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 125.06	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$17.49
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 421.26	

B. Full Name (Last, First, Middle Initial) Peter Walker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 109506 50 Beale Street		Transaction ID: SA11A1.6917
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 112.49	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$16.07
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.37	

C. Full Name (Last, First, Middle Initial) Diane Watts		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 113379, 50 Beale Street		Transaction ID: SA11A1.6918
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20
Name of Employer Blue Shield	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional) ▶	377.55
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Steven Weiler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 111314, 50 Beale Street		Transaction ID: SA11A1.6920
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10	
Name of Employer Blue Shield Occupation employee	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 210.00		

B. Full Name (Last, First, Middle Initial) Bonnie Wells		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 113298 50 Beale Street		Transaction ID: SA11A1.6921
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10	
Name of Employer Blue Shield of California Occupation Employee	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 260.00		

C. Full Name (Last, First, Middle Initial) Ms Janet D. Widmann		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address emp 111756 50 Beale Street		Transaction ID: SA11A1.6923
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20	
Name of Employer Blue Shield of California Occupation Employee	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional) ▶	280.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 Ms Fiona M. Wilmot

Mailing Address emp 111587
 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
 Blue Shield of California Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 456.91

Date of Receipt
 M M / D D / Y Y Y Y Y
12 31 2006

Transaction ID: SA11A1.6925

Amount of Each Receipt this Period
 124.67

Payroll contribution per cycle \$17.81

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

Mailing Address emp 109914
 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
 Blue Shield of California Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 241.75

Date of Receipt
 M M / D D / Y Y Y Y Y
12 31 2006

Transaction ID: SA11A1.6926

Amount of Each Receipt this Period
 23.56

Payroll contribution per cycle \$11.78

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

Mailing Address emp 112700, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
 Blue Shield employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
12 31 2006

Transaction ID: SA11A1.6929

Amount of Each Receipt this Period
 70.00

Payroll contribution per cycle \$10

SUBTOTAL of Receipts This Page (optional)	218.23
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address emp 11926
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Senior Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	6

Transaction ID: SA11A1.6930

Amount of Each Receipt this Period
700.00

Payroll contribution per cycle \$100

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	16743.76