

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 07 01 2005 through 12 31 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Tin Nguyen
Signature of Treasurer Electronically Filed by Tin Nguyen Date 04 18 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		32292.39
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	32486.71									
(c) Total Receipts (from Line 19)	33098.95	66930.41								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65585.66	99222.80								
7. Total Disbursements (from Line 31)	16130.80	49767.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49454.86	49454.86								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	27439.10	46459.87
(i) Itemized (use Schedule A)	5659.85	20470.54
(ii) Unitemized	33098.95	66930.41
(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)	33098.95	66930.41
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	33098.95	66930.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33098.95	66930.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(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	19100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	29500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1130.80	1167.94
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))..	16130.80	49767.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	16130.80	49767.94

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)	33098.95	66930.41
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33098.95	66930.41
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 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 5	
Mailing Address emp 109049 50 Beale Street		Transaction ID: SA11A1.5508	
City San Francisco	State CA	Amount of Each Receipt this Period 260.00	
Zip Code 94105		Payroll contribution per cycle \$20	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 520.00	
Name of Employer Blue Shield of California	Occupation Employee	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 5	
Mailing Address emp 109311 50 Beale Street		Transaction ID: SA11A1.5510	
City San Francisco	State CA	Amount of Each Receipt this Period 228.40	
Zip Code 94105		Payroll contribution per cycle \$17.57	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 352.07	
Name of Employer Blue Shield of California	Occupation Employee	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tim Barry		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address emp 112909 50 Beale Street		Transaction ID: SA11A1.5516	
City San Francisco	State CA	Amount of Each Receipt this Period 229.27	
Zip Code 94105		Payroll contribution per cycle \$17.64	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 424.35	
Name of Employer Blue Shield of California	Occupation Employee	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional) ▶	717.67
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 7 / 36
	<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) Helen Batten		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 109136 50 Beale Street		Transaction ID: SA11A1.5518
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00	
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) Don Beck		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 75864 50 Beale Street		Transaction ID: SA11A1.5521
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 108.29	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$820	
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 ▼ 216.58	

C. Full Name (Last, First, Middle Initial) Benjamin Bell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 16357 50 Beale Street		Transaction ID: SA11A1.5522
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 323.04	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$24.85	
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 ▼ 652.98	

SUBTOTAL of Receipts This Page (optional) ▶	561.33
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 8 / 36
	<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 5	
Mailing Address emp 16451 50 Beale Street		Transaction ID: SA11A1.5524	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 780.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$60	
Name of Employer Occupation Blue Shield of California Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1395.00	

B. 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 5	
Mailing Address emp 110719 50 Beale Street		Transaction ID: SA11A1.5525	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 520.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$40	
Name of Employer Occupation Blue Shield of California Chief Medical Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00	

C. Full Name (Last, First, Middle Initial) David Bowen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address emp 108584 50 Beale Street		Transaction ID: SA11A1.5526	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$30.77	
Name of Employer Occupation Blue Shield of California Chief Information Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00	

SUBTOTAL of Receipts This Page (optional) ▶	1700.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 36
	<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) Debra Bowles		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 16084 50 Beale Street		Transaction ID: SA11A1.5527
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00	
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) Gifford Boyce-Smith		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 19629 50 Beale Street		Transaction ID: SA11A1.5528
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 650.00	
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 ▼ 1100.00	

C. Full Name (Last, First, Middle Initial) Sylvie M. Brossard		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 113349 50 Beale Street		Transaction ID: SA11A1.5529
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 306.65	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$23.59
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 ▼ 425.30	

SUBTOTAL of Receipts This Page (optional) ▶	1151.65
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 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael-Anne Browne		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address emp 111514 50 Beale Street		Transaction ID: SA11A1.5531	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25	
Name of Employer Blue Shield of California	Occupation Employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. George R. Chadwell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address emp 110628 50 Beale Street		Transaction ID: SA11A1.5535	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 170.48	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$13.11	
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 ▼ 343.81		

Full Name (Last, First, Middle Initial) C. Christopher Ciano		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address emp 112575 50 Beale Street		Transaction ID: SA11A1.5539	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 455.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$35	
Name of Employer Blue Shield of California	Occupation Employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00		

SUBTOTAL of Receipts This Page (optional) ▶	950.48
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial) Bob Clifton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 111654 50 Beale Street		Transaction ID: SA11A1.5540
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00	
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	

B. Full Name (Last, First, Middle Initial) Brian Clinch		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 45006 50 Beale Street		Transaction ID: SA11A1.5541
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 464.31	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$35.72
Name of Employer Blue Shield of California	Occupation Vice President, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 933.32	

C. Full Name (Last, First, Middle Initial) Gig Codiga		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 95122 50 Beale Street		Transaction ID: SA11A1.5542
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00	
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) ▶	854.31
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 12 / 36
	<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 ▼
 597.80

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5549

Amount of Each Receipt this Period
 295.86

Payroll contribution per cycle \$22.76

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 5

Transaction ID: SA11A1.5551

Amount of Each Receipt this Period
 130.00

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 ▼
 731.16

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5552

Amount of Each Receipt this Period
 325.00

Payroll contribution per cycle \$25

SUBTOTAL of Receipts This Page (optional)	750.86
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 / 36
	<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) Elaine Dunn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 33339 50 Beale Street		Transaction ID: SA11A1.5553
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00	
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) Craig I. Elsdon-Dew		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 113625 50 Beale Street		Transaction ID: SA11A1.5555
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 145.79	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$11.21
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 ▼ 203.19	

C. 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 5
Mailing Address emp 110249 50 Beale Street		Transaction ID: SA11A1.5557
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 780.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$60
Name of Employer Blue Shield of California	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1345.00	

SUBTOTAL of Receipts This Page (optional) ▶	1055.79
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 14 / 36
	<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 M. Ferguson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 32319 50 Beale Street		Transaction ID: SA11A1.5559
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00	
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) ▼		

B. Full Name (Last, First, Middle Initial) Betsy Figueiro-Steinbrueck		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 54003 50 Beale Street		Transaction ID: SA11A1.5560
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 152.57	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$11.74	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 320.41	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Carol Fogelman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 32239 50 Beale Street		Transaction ID: SA11A1.5563
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 136.83	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.53	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 271.49	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	419.40
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 / 36
	<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 Geyer

Mailing Address emp 42026
 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 Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5567

Amount of Each Receipt this Period
 325.00

Payroll contribution per cycle \$25

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

Mailing Address emp 108225
 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 Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5568

Amount of Each Receipt this Period
 1300.00

Payroll contribution per cycle \$100

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

Mailing Address emp 112246
 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 Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5569

Amount of Each Receipt this Period
 650.00

Payroll contribution per cycle \$50

SUBTOTAL of Receipts This Page (optional)	2275.00
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 16 / 36
	<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. Douglas Grant		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 27417 50 Beale Street		Transaction ID: SA11A1.5572
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00	
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) ▼		

Full Name (Last, First, Middle Initial) B. Stephen R. Halley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 113686 50 Beale Street		Transaction ID: SA11A1.5575
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 266.04	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20.46	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 371.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Harjo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 16340 50 Beale Street		Transaction ID: SA11A1.5578
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00	
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) ▶	526.04
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 / 36
	<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)
 Helena Hoffman

Mailing Address emp 95671
 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 ▼
 204.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5583

Amount of Each Receipt this Period
 143.00

Payroll contribution per cycle \$11

B. Full Name (Last, First, Middle Initial)
 Shelly P. Hubner

Mailing Address emp 18622
 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 ▼
 585.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5587

Amount of Each Receipt this Period
 300.00

Payroll contribution per cycle \$23.08

C. Full Name (Last, First, Middle Initial)
 Tony R. Ibarra

Mailing Address emp 112981
 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 ▼
 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5588

Amount of Each Receipt this Period
 195.00

Payroll contribution per cycle \$15

SUBTOTAL of Receipts This Page (optional)	638.00
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 18 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Israelite		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 112949 50 Beale Street		Transaction ID: SA11A1.5589
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 390.00	
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 ▼ 726.52	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marianne Jackson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 112372 50 Beale Street		Transaction ID: SA11A1.5590
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 682.57	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$52.51	
Name of Employer Occupation Blue Shield of California Senior Vice President, Human Resources	Aggregate Year-to-Date ▼ 1361.01	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Seth Jacobs		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 16574 50 Beale Street		Transaction ID: SA11A1.5591
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00	
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) ▶	1202.57
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 / 36
	<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 Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 95114 50 Beale Street		Transaction ID: SA11A1.5592
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00	
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 Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 111769 50 Beale Street		Transaction ID: SA11A1.5593
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 205.74	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.83	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 413.59	
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 Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 19639 50 Beale Street		Transaction ID: SA11A1.5595
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00	
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) ▶	595.74
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 / 36
	<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) Ajay Kaul		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 113160 50 Beale Street		Transaction ID: SA11A1.5597
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 254.51	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$19.58	
Name of Employer Blue Shield of California	Occupation Vice President of Treasury	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 766.79	

B. Full Name (Last, First, Middle Initial) Yun Kim		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 109394 50 Beale Street		Transaction ID: SA11A1.5598
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00	
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 ▼ 220.00	

C. Full Name (Last, First, Middle Initial) Heidi Kunz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 112238 50 Beale Street		Transaction ID: SA11A1.5601
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 1365.76	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$105.06	
Name of Employer Blue Shield of California	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2703.68	

SUBTOTAL of Receipts This Page (optional) ▶	1750.27
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 21 / 36
	<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) James Lawrence		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 10095 50 Beale Street		Transaction ID: SA11A1.5603
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00	
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) Richard D. Lee		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 10807 50 Beale Street		Transaction ID: SA11A1.5604
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00	
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 ▼ 360.00	

C. Full Name (Last, First, Middle Initial) Christopher Long		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 109838 50 Beale Street		Transaction ID: SA11A1.5611
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 184.52	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$14.19
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 ▼ 366.68	

SUBTOTAL of Receipts This Page (optional)	574.52
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 / 36
	<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. Kathleen M. Lucke		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 111911 50 Beale Street		Transaction ID: SA11A1.5612
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 238.98	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.38
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 ▼ 486.88	

Full Name (Last, First, Middle Initial) B. Michael Lujan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 112179 50 Beale Street		Transaction ID: SA11A1.5613
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25
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 ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Kathleen Lynaugh		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 109411 50 Beale Street		Transaction ID: SA11A1.5614
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 390.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$30
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 ▼ 780.00	

SUBTOTAL of Receipts This Page (optional) ▶	953.98
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 / 36
	<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. David Lytle		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 109982 50 Beale Street		Transaction ID: SA11A1.5615
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00	
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. Paul Markovich		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 16510 50 Beale Street		Transaction ID: SA11A1.5617
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 499.98	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$38.46	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 999.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cynthia Martin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 111441 50 Beale Street		Transaction ID: SA11A1.5618
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 320.52	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$24.66	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 640.07	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1080.50
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 / 36
	<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. Patricia Mason		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address emp 2508 50 Beale Street		Transaction ID: SA11A1.5486	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. C		Payroll deduction \$10 per cycle	
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	

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 5	
Mailing Address emp 16484 50 Beale Street		Transaction ID: SA11A1.5625	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 317.95	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$24.46	
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 ▼ 636.06	

Full Name (Last, First, Middle Initial) C. Emmalee Noble		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address emp 19608 50 Beale Street		Transaction ID: SA11A1.5626	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20	
Name of Employer Occupation Blue Shield of California Controller			
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) ▶	707.95
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 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 Robert Novelli

Mailing Address emp 111112
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Occupation
 Blue Shield of California Senior Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1478.25

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5627

Amount of Each Receipt this Period
 755.18

Payroll contribution per cycle \$58.09

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

Mailing Address emp 18535
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Occupation
 Blue Shield of California Medical Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5629

Amount of Each Receipt this Period
 130.00

Payroll contribution per cycle \$10

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

Mailing Address emp 109053
 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 Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5638

Amount of Each Receipt this Period
 650.00

Payroll contribution per cycle \$50

SUBTOTAL of Receipts This Page (optional)	1535.18
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 / 36
	<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) Karen Rinaldi		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 111645 50 Beale Street		Transaction ID: SA11A1.5640
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 153.87
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$11.84
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 ▼ 307.32	

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 5
Mailing Address emp 75263 50 Beale Street		Transaction ID: SA11A1.5641
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 390.00
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 ▼ 780.00	

C. Full Name (Last, First, Middle Initial) Faye Sahai		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 111033 50 Beale Street		Transaction ID: SA11A1.5643
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 130.00
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) ▶	673.87
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 / 36
<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) Pat Silvestri		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address emp 4215 50 Beale Street		Transaction ID: SA11A1.5487	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. C		Payroll deduction \$10 per cycle	
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) Gilbert Solomon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address emp 111700 50 Beale Street		Transaction ID: SA11A1.5650	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 552.39	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$42.49	
Name of Employer Occupation Blue Shield of California Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1107.29	

C. Full Name (Last, First, Middle Initial) Nancy Stalker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address emp 16479 50 Beale Street		Transaction ID: SA11A1.5651	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 390.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$30	
Name of Employer Occupation Blue Shield of California Vice President, Pharmacy Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional) ▶	1072.39
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 28 / 36
<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) Mary C. St John		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address emp 95485 50 Beale Street		Transaction ID: SA11A1.5655	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 325.00	
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) ▼			

B. Full Name (Last, First, Middle Initial) Susan Stoeker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address emp 111872 50 Beale Street		Transaction ID: SA11A1.5656	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 495.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$38.08	
Name of Employer Occupation Blue Shield of California Marketing Manager		Aggregate Year-to-Date ▼ 1080.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Steven Sturman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address emp 108819 50 Beale Street		Transaction ID: SA11A1.5657	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10	
Name of Employer Occupation Blue Shield of California Director, Finance and Treasury		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) ▶	950.00
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 29 / 36
	<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 5
Mailing Address emp 111996 50 Beale Street		Transaction ID: SA11A1.5658
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 184.59	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$14.20
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 ▼ 384.85	

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 5
Mailing Address emp 18612 50 Beale Street		Transaction ID: SA11A1.5660
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 520.00	
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) Angelique Tompkins		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 112717 50 Beale Street		Transaction ID: SA11A1.5663
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00	
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	

SUBTOTAL of Receipts This Page (optional) ▶	899.59
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 30 / 36
	<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) Florence VanGeem		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 108247 50 Beale Street		Transaction ID: SA11A1.5668
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 244.44
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.80
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 ▼ 338.59	

B. 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 5
Mailing Address emp 18560 50 Beale Street		Transaction ID: SA11A1.5672
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 178.38
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$13.72
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 ▼ 357.50	

C. 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 5
Mailing Address emp 109506 50 Beale Street		Transaction ID: SA11A1.5673
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 209.70
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$16.13
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.30	

SUBTOTAL of Receipts This Page (optional) ▶	632.52
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 / 36
	<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)
 Bonnie Wells

Mailing Address emp 113298
 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 ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5674

Amount of Each Receipt this Period
 130.00

Payroll contribution per cycle \$10

B. Full Name (Last, First, Middle Initial)
 Ms Janet D. Widmann

Mailing Address emp 111756
 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 ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5676

Amount of Each Receipt this Period
 260.00

Payroll contribution per cycle \$20

C. 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 ▼
 434.19

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.5677

Amount of Each Receipt this Period
 217.70

Payroll contribution per cycle \$16.75

SUBTOTAL of Receipts This Page (optional)	607.70
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 32 / 36
	<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) Carol Wise		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 109914 50 Beale Street		Transaction ID: SA11A1.5679
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 137.75	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.60	
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 ▼ 302.73	

B. Full Name (Last, First, Middle Initial) Kenneth Wood		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 16494 50 Beale Street		Transaction ID: SA11A1.5681
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 1164.04	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$89.54	
Name of Employer Blue Shield of California	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2664.63	

C. Full Name (Last, First, Middle Initial) John Yao		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address emp 11926 50 Beale Street		Transaction ID: SA11A1.5682
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 1300.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$100	
Name of Employer Blue Shield of California	Occupation Senior Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

SUBTOTAL of Receipts This Page (optional) ▶	2601.79
TOTAL This Period (last page this line number only) ▶	27439.10

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 36

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

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

Full Name (Last, First, Middle Initial) A. MAX BAUCUS		Transaction ID: SB23.5493	
Mailing Address PO BOX 586		Date of Disbursement 10 / 25 / 2005	
City HELENA	State MT	Zip Code 59624	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MT	District: 00		

Full Name (Last, First, Middle Initial) B. DREIER FOR CONGRESS COMMITTEE		Transaction ID: SB23.5497	
Mailing Address P.O. BOX 505		Date of Disbursement 10 / 20 / 2005	
City UPLAND	State CA	Zip Code 91785	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 26		

Full Name (Last, First, Middle Initial) C. MICHAEL B ENZI		Transaction ID: SB23.5491	
Mailing Address 431 CIRCLE DRIVE		Date of Disbursement 10 / 25 / 2005	
City GILLETTE	State WY	Zip Code 82716	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WY	District: 00		

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Diane FEINSTEIN FOR SENATE		Transaction ID: SB23.5489 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 5
Mailing Address 601 S. GLENOAKS BLVD., SUITE 208		Amount of Each Disbursement this Period 3000.00
City BURBANK State CA Zip Code 91502		
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 00	

Full Name (Last, First, Middle Initial) B. NANCY L. JOHNSON		Transaction ID: SB23.5488 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 5
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050		
Purpose of Disbursement	Category/Type 011	
Candidate Name NANCY L. JOHNSON	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 05	

Full Name (Last, First, Middle Initial) C. Ted KENNEDY FOR SENATE 2006		Transaction ID: SB23.5687 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 301 4TH ST NE SUITE 202		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20002		
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 00	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. NANCY PELOSI		Transaction ID: SB23.5495																					
Mailing Address 235 MONTGOMERY STREET SUITE 610		Date of Disbursement																					
City SAN FRANCISCO State CA Zip Code 94104		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	4		2	0	0	5														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">3500.00</td> </tr> </table>		3500.00																			
3500.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006																					
State: CA District: 08		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
Category/Type																							

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

15000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 345 Montgomery St.

City San Francisco State CA Zip Code 94101

Purpose of Disbursement
Account Analysis Fee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB29.5689

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1130.80

SUBTOTAL of Disbursements This Page (optional)

1130.80

TOTAL This Period (last page this line number only)

1130.80