

REGISTRATION
OPERATIONS CENTER

2004 JUL 14 A 11:08

Office Use Only

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

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

ADDRESS (number and street) **50 BEALE STREET**

Check if different than previously reported. (ACC) **SAN FRANCISCO CA 94105**

2. FEC IDENTIFICATION NUMBER **C00340384** CITY STATE ZIP CODE

4. TYPE OF REPORT (Choose One)	3. IS THIS REPORT	NEW (N) OR		AMENDED (A)	
		Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12)
April 15 Quarterly Report (Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
<input checked="" type="checkbox"/> July 15 Quarterly Report (Q2)	(b) Monthly Report Due On:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report (YE)					in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(c) 12-Day PRE-Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	(d) 30-Day Post-Election Report for the:				in the State of

6. Covering Period **04 01 2004** through **06 30 2004**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **Steven Sturman**
Signature of Treasurer *Steven Sturman* Date **07 13 2004**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
BLUE SHIELD OF CALIFORNIA

Report Covering the Period From: **MM** 04 **DD** 01 **YYYY** 2004 To: **MM** 08 **DD** 30 **YYYY** 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		30616.34
(b) Cash on Hand at Beginning of Reporting Period	30616.34	
(c) Total Receipts (from Line 19)	18167.82	18167.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48784.16	48784.16
7. Total Disbursements (from Line 31)	12539.91	12539.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36244.25	36244.25
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA

Report Covering the Period: From:

MM	DD	YY
04	01	2004

 To:

MM	DD	YY
08	30	2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees:		
(i) Itemized (use Schedule A)	9743.34	
(ii) Unitemized	8424.48	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18167.82	18167.82
(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)	18167.82	18167.82
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))	18167.82	18167.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18167.82	18167.82

DETAILED SUMMARY PAGE
of Disbursements

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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.....	5500.00	5500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
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.....	39.91	39.91
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)).....	12539.91	12539.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	12539.91	12539.91

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18167.82	18167.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18167.82	18167.82
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: PAGE 6 / 18

(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

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

A. Full Name (Last, First, Middle Initial)
Bruce Bodaken

Mailing Address 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 Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
M O Y
08 / 30 / 2004

Transaction ID: SA11A1.4098

Amount of Each Receipt this Period
315.00

Biweekly Payroll Deduction
\$45

B. Full Name (Last, First, Middle Initial)
Eric Book

Mailing Address 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 Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M O Y
08 / 30 / 2004

Transaction ID: SA11A1.4115

Amount of Each Receipt this Period
280.00

Biweekly Payroll Deduction
\$40

C. Full Name (Last, First, Middle Initial)
David Bowen

Mailing Address 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 Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M O Y
08 / 30 / 2004

Transaction ID: SA11A1.4116

Amount of Each Receipt this Period
280.00

Biweekly Payroll Deduction
\$40

SUBTOTAL of Receipts This Page (optional) ▶

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

875.00

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

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

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 18	

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA

A. Full Name (Last, First, Middle Initial)
Christopher Clano

Mailing Address: 6701 Center Drive West

City: Los Angeles State: CA Zip Code: 90045

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2004

Transaction ID: SA11A1.4117

Amount of Each Receipt this Period
300.00

Biweekly Payroll Deduction
\$50

B. Full Name (Last, First, Middle Initial)
Brian Clinch

Mailing Address: 4207 Town Center Blvd

City: El Dorado Hills State: CA Zip Code: 95762

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

Name of Employer: Blue Shield of California Occupation: Vice President, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.47

Date of Receipt
MM / DD / YYYY
06 / 30 / 2004

Transaction ID: SA11A1.4119

Amount of Each Receipt this Period
246.47

Biweekly Payroll Deduction
\$35.21

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

Mailing Address: 6701 Center Drive West

City: Los Angeles State: CA Zip Code: 90045

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 ▼
222.12

Date of Receipt
MM / DD / YYYY
06 / 30 / 2004

Transaction ID: SA11A1.4121

Amount of Each Receipt this Period
222.12

Biweekly Payroll Deduction
ns

SUBTOTAL of Receipts This Page (optional)	788.59
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: PAGE 8 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA

A. Full Name (Last, First, Middle Initial)
Thomas Epstein

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Vice President, Public Affairs

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date **269.50**

Date of Receipt: 08 / 30 / 2004
Transaction ID: SA11A1.4123
Amount of Each Receipt this Period: **269.50**
Biweekly Payroll Deduction: **\$38.50**

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

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date **700.00**

Date of Receipt: 08 / 30 / 2004
Transaction ID: SA11A1.4125
Amount of Each Receipt this Period: **700.00**
Biweekly Payroll Deduction: **\$100**

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

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date **300.00**

Date of Receipt: 08 / 30 / 2004
Transaction ID: SA11A1.4127
Amount of Each Receipt this Period: **300.00**
Biweekly Payroll Deduction: **\$50**

SUBTOTAL of Receipts This Page (optional) **1269.60**

TOTAL This Period (last page this line number only)

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

Use separate schedule(a)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9/18

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA

A. Full Name (Last, First, Middle Initial)
Marianne Jackson

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Senior Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **349.72**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2004

Transaction ID: SA11A1.4129

Amount of Each Receipt this Period
349.72

Biweekly Payroll Deduction
\$49.96

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

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **672.49**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2004

Transaction ID: SA11A1.4154

Amount of Each Receipt this Period
672.49

Biweekly Payroll Deduction
\$96.07

C. Full Name (Last, First, Middle Initial)
Clifford Lange

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Chief Analytics Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **486.73**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2004

Transaction ID: SA11A1.4156

Amount of Each Receipt this Period
486.73

Biweekly Payroll Deduction
\$69.39

SUBTOTAL of Receipts This Page (optional) ▶

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

1507.94

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

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

FOR LINE NUMBER:		PAGE 10 / 18	
(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

Full Name (Last, First, Middle Initial) A. Gerald Umlina		Date of Receipt 06 / 30 / 2004
Mailing Address 4207 Town Center Blvd		Transaction ID: SA11A1.4156
City El Dorado Hills	State CA Zip Code 95762	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Biweekly Payroll Deduction \$50
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Kathleen Lynaugh		Date of Receipt 06 / 30 / 2004
Mailing Address 50 Beala Street		Transaction ID: SA11A1.4157
City San Francisco	State CA Zip Code 94106	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. C		Biweekly Payroll Deduction \$30.00
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 210.00	

Full Name (Last, First, Middle Initial) C. Paul Markovich		Date of Receipt 06 / 30 / 2004
Mailing Address 50 Beala Street		Transaction ID: SA11A1.4158
City San Francisco	State CA Zip Code 94106	Amount of Each Receipt this Period 289.22
FEC ID number of contributing federal political committee. C		Biweekly Payroll Deduction \$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 289.22	

SUBTOTAL of Receipts This Page (optional)	779.22
TOTAL This Period (last page this line number only)	

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

 Use separate schedule(s)
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Detailed Summary Page

 FOR LINE NUMBER: PAGE 11 / 16
(check only one)

 11a 11b 11c 12
 13 14 15 16 17

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 NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA

Full Name (Last, First, Middle Initial) A. Robert Novell		Date of Receipt MM / DD / YYYY 08 / 30 / 2004	
Mailing Address 4207 Town Center Blvd		Transaction ID: SA11A1.4159	
City El Dorado Hills	State CA	Zip Code 95762	Amount of Each Receipt this Period 383.79
FEC ID number of contributing federal political committee. C		Biweekly Payroll Deduction \$51.97	
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 383.79		

Full Name (Last, First, Middle Initial) B. Chris Ohman		Date of Receipt MM / DD / YYYY 06 / 30 / 2004	
Mailing Address 6701 Center Drive West		Transaction ID: SA11A1.4160	
City Los Angeles	State CA	Zip Code 90045	Amount of Each Receipt this Period 508.41
FEC ID number of contributing federal political committee. C		Biweekly Payroll Deduction \$72.83	
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 508.41		

Full Name (Last, First, Middle Initial) C. Kathy Richards		Date of Receipt MM / DD / YYYY 06 / 30 / 2004	
Mailing Address 50 Beale Street		Transaction ID: SA11A1.4161	
City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Biweekly Payroll Deduction \$60	
Name of Employer Blue Shield of California	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional)

1172.20

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 12 / 18
<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

A. Full Name (Last, First, Middle Initial)
Lisa Rubin

Mailing Address 6300 Canoga Avenue

City State Zip Code
Woodland Hills CA 91367

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

Name of Employer Blue Shield of California
Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2004

Transaction ID: SA11A1.4162

Amount of Each Receipt this Period
210.00

Biweekly Payroll Deduction
\$30.00

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

Mailing Address 6300 Canoga Avenue

City State Zip Code
Woodland Hills CA 91367

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

Name of Employer Blue Shield of California
Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **245.28**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2004

Transaction ID: SA11A1.4163

Amount of Each Receipt this Period
245.28

Biweekly Payroll Deduction
\$35.04

C. Full Name (Last, First, Middle Initial)
Nancy Stalker

Mailing Address 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 Vice President, Pharmacy Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2004

Transaction ID: SA11A1.4164

Amount of Each Receipt this Period
210.00

Biweekly Payroll Deduction
\$30

SUBTOTAL of Receipts This Page (optional) ▶

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

665.28

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

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

FOR LINE NUMBER: PAGE 13/18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (in full)
BLUE SHIELD OF CALIFORNIA

A. Full Name (Last, First, Middle Initial)
Susan Stoeker

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee: C

Name of Employer: Blue Shield of California Occupation: Marketing Manager

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 270.00

Date of Receipt: 08 / 30 / 2004

Transaction ID: SA11A1.4165

Amount of Each Receipt this Period: 270.00

Biweekly Payroll Deduction: \$45

B. Full Name (Last, First, Middle Initial)
Elizabeth Stone

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee: C

Name of Employer: Blue Shield of California Occupation: Senior Director

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 350.00

Date of Receipt: 08 / 30 / 2004

Transaction ID: SA11A1.4166

Amount of Each Receipt this Period: 350.00

Biweekly Payroll Deduction: \$50

C. Full Name (Last, First, Middle Initial)
Lyle Swallow

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee: C

Name of Employer: Blue Shield of California Occupation: Counsel

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 280.00

Date of Receipt: 08 / 30 / 2004

Transaction ID: SA11A1.4167

Amount of Each Receipt this Period: 280.00

Biweekly Payroll Deduction: \$40

SUBTOTAL of Receipts This Page (optional) **900.00**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 18
(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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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

A. Full Name (Last, First, Middle Initial)
Paul Swenson

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer: Blue Shield of California Occupation: Executive Vice President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **420.00**

Date of Receipt: 06 / 30 / 2004

Transaction ID: SA11A1.4168

Amount of Each Receipt this Period: **420.00**

Biweekly Payroll Deduction: \$80

B. Full Name (Last, First, Middle Initial)
Kenneth Wood

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer: Blue Shield of California Occupation: Chief Operating Officer

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **785.61**

Date of Receipt: 08 / 30 / 2004

Transaction ID: SA11A1.4168

Amount of Each Receipt this Period: **785.61**

Biweekly Payroll Deduction: \$112.23

C. Full Name (Last, First, Middle Initial)
John Yeo

Mailing Address 4207 Town Center Blvd

City El Dorado Hills State CA Zip Code 95762

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 **800.00**

Date of Receipt: 06 / 30 / 2004

Transaction ID: SA11A1.4170

Amount of Each Receipt this Period: **800.00**

Biweekly Payroll Deduction: \$100

SUBTOTAL of Receipts This Page (optional) **1806.61**

TOTAL This Period (last page this line number only) **8743.34**

1806.61

8743.34

**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 15 / 18

<input type="checkbox"/> 21b	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA

Full Name (Last, First, Middle Initial)
A. BSBSA Blue PAC

Mailing Address 1310 G Street N.W.
c/o Barry Trimble

Transaction ID: SB22.4281
Date of Disbursement
MM / DD / YYYY
04 / 14 / 2004

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period
5500.00

Purpose of Disbursement
Contribution
Candidate Name
BSBSA Blue PAC

Category Type
011

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

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

**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)

PAGE 16 / 18

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
BLUE SHIELD OF CALIFORNIA

A. Full Name (Last, First, Middle Initial)
AAHP/HIAA ASSOCIATION PAC

Mailing Address 601 Penn. Avenue NW
#500 South Bldg.

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement Contribution
Candidate Name

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

State: District:

Transaction ID: SB23.4300
Date of Disbursement
MM / DD / YYYY
04 / 05 / 2004

Amount of Each Disbursement this Period
5000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
Jerry Lewis for Congress

Mailing Address PO BOX 247

City Redlands State CA Zip Code 92373

Purpose of Disbursement Disbursement
Candidate Name

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

State: CA District:

Transaction ID: SB23.4292
Date of Disbursement
MM / DD / YYYY
04 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

Category/
Type

C. Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Disbursement
Candidate Name

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

State: CA District: 01

Transaction ID: SB23.4289
Date of Disbursement
MM / DD / YYYY
04 / 19 / 2004

Amount of Each Disbursement this Period
500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

6500.00

**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)

PAGE 17 / 18

<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

Full Name (Last, First, Middle Initial)
A Solidarity PAC

Transaction ID: SB23.4293
Date of Disbursement

Mailing Address 301 4th Street N.E.

MM	DD	YY	YY
04	30	20	04

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Disbursement
Candidate Name

011
Category Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

500.00
7000.00

**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)

PAGE 10 / 18

<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

A. Fees Bank

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement _____
 Candidate Name _____

Office Sought: House Senate President
 State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB29.4284
 Date of Disbursement
 05 / 25 / 2004

Amount of Each Disbursement this Period
 18.54

B. Fees Bank

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement
 Account Analysis Charge
 Candidate Name _____

Office Sought: House Senate President
 State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB29.4283
 Date of Disbursement
 05 / 25 / 2004

Amount of Each Disbursement this Period
 21.37

SUBTOTAL of Disbursements This Page (optional)>

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

39.91
39.81

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FEDEX</i>	Shipping Date <i>7-13-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JL</i> PREPARER	<i>7-14-04</i> DATE PREPARED