



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2019"/>  | <input type="text" value="92015.01"/>  | <input type="text" value="92015.01"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="96045.02"/>  |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="93537.34"/>  | <input type="text" value="184067.35"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="189582.36"/> | <input type="text" value="276082.36"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="163761.28"/> | <input type="text" value="250261.28"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="25821.08"/>  | <input type="text" value="25821.08"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 90795.34                      | 143474.17                         |
| (ii) Unitemized .....   | 2742.00                       | 40593.18                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 93537.34                      | 184067.35                         |
| (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) .....  | 93537.34                      | 184067.35                         |
| 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 Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 93537.34                      | 184067.35                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 93537.34                      | 184067.35                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 163500.00                     | 250000.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 261.28                        | 261.28                            |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 163761.28                     | 250261.28                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 163761.28                     | 250261.28                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 93537.34                              | 184067.35                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 93537.34                              | 184067.35                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 0.00                                      |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                                  | 0.00                                      |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 6 OF 111   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Acosta, Fernando, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx8148  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22082**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

**B. Aguilar-Henriquez, Felix, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx0997  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22083**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Alonzo, Edgar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx2843  
 50 Beale Street  
 City San Francisco State CA Zip Code 94030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) HR Lead  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22086**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 820.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 7 OF 111   |
| <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. Alvarez, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Emp #xx0661  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22087**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**B. Antonucci, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx0387  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1540.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22088**  
 Amount of Each Receipt this Period 910.00  
 Memo Item  
 Payroll Contribution per cycle \$70.00

**C. Ayers, Joanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx4008  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Lead  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22091**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1170.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 OF 111                |
|   | <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. Back, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx4692  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22092**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 Payroll Contribution per cycle \$20.00

**B. Bailet, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4353  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22093**  
 Amount of Each Receipt this Period 1300.00  
 Memo Item  
 Payroll Contribution per cycle \$100.00

**C. Baker, Alison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx7093  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22094**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1690.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 OF 111                |
|   | <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. Baker, Terri, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx1950, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22095**  
 Amount of Each Receipt this Period 351.00  
 Memo Item  
 Payroll Contribution per cycle \$27.00

**B. Baldi, Phillip, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx6202 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22097**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Balousek, Bret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx5527 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22098**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1001.00  
**TOTAL** This Period (last page this line number only).....▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 OF 111               |
|   | <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. Banghart, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx5427  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22099**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**B. Barnes, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx2076  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22100**  
 Amount of Each Receipt this Period  
 650.00  
 Memo Item  
 Payroll Contribution per cycle \$50.00

**C. Barnhart, Tori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx7483  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22101**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 825.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 111               |
|   | <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. Bassett, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx2676  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22102**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Battin, David, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx4657  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22103**  
 Amount of Each Receipt this Period  
 260.00  
 Memo Item  
 Payroll Contribution per cycle \$20.00

**C. Baumgardner, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx8428  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22104**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 819.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Bell, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx5853  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Supervisor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22105**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Bell, Ronda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx7066  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22106**  
 Amount of Each Receipt this Period  
 195.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

**C. Bergman, Patrice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx6395  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22109**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 754.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 13 OF 111  |
| <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. Bergstrom, Melinda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx2057  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22110**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 Payroll Contribution per cycle \$20.00

**B. Beuoy, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# 5248  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22111**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Billingsley, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx2971  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22112**  
 Amount of Each Receipt this Period 585.00  
 Memo Item  
 Payroll Contribution per cycle \$45.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1170.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Blakeman, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee#xx1919  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22113**  
 Amount of Each Receipt this Period 390.00  
 Memo Item  
 Payroll Contribution per cycle \$30.00

**B. Bleau, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx1927  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22114**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Boudreau, Theresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx3316  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22115**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 819.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Boul, Wendy, , ,</b>                   |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee# xx0289<br>50 Beale Street   |   | <b>Transaction ID : SA11AI.22116</b>   |
| City<br>San Francisco   | State<br>CA                             | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>130.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Director | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$10.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00      |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Bourn, Courtney, , ,</b>               |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address emp xx6228<br>50 Beale Street   |  | <b>Transaction ID : SA11AI.22117</b>   |
| City<br>San Francisco   | State<br>CA                            | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>156.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Manager | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$12.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>312.00     |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Branch, Cherie, , ,</b>              |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee # xx2035<br>50 Beale Street  |  | <b>Transaction ID : SA11AI.22118</b>   |
| City<br>San Francisco   | State<br>CA                            | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>234.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Manager | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$18.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>468.00     |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 520.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 16 OF 111  |
| <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. Braza, Carlo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx1673  
 50 Beale street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Senior Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22119**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Brits, Ruta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx2060  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22120**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 Payroll Contribution per cycle \$20.00

**C. Brown, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx3048  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22123**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 728.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 17 OF 111  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Brown, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Emp #xx0647  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22124**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Brown, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx9004, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 822.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22125**  
 Amount of Each Receipt this Period  
 411.32  
 Memo Item  
 Payroll Contribution per cycle \$31.64

**C. Buchert, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4682  
 50 Beale Street  
 City San Francisco State CA Zip Code 94030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) President - Care1st  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2990.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22126**  
 Amount of Each Receipt this Period  
 1495.00  
 Memo Item  
 Payroll Contribution per cycle \$115.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2231.32 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 111               |
|   | <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. Burk, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx0881  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22128**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Campbell, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx5608  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22129**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Canter, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx3954  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22130**  
 Amount of Each Receipt this Period 144.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 612.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 19 OF 111  |
| <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. Casey, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx5060  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22131**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Castanon, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx6314  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22132**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**C. Casten, Kristen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx8146  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22133**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 494.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Cates, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx8886  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22134**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Cemo, Summer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx3503  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22135**  
 Amount of Each Receipt this Period 429.00  
 Memo Item  
 Payroll Contribution per cycle \$33.00

**C. Cerf, Kristen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx3590  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Assoc General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22136**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1079.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 21 OF 111  |
| <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. Chadwell, George, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx0628  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 371.28

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22137**  
 Amount of Each Receipt this Period 185.64  
 Memo Item  
 Payroll Contribution per cycle \$14.28

**B. Chasin, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx8020  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3850.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22139**  
 Amount of Each Receipt this Period 2475.00  
 Memo Item  
 Payroll Contribution per cycle \$200.00

**C. Chayt, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx3401  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Assoc. General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22140**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2985.64 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Chen, Wayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4216  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22141**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Ciuffo, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx4063, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22142**  
 Amount of Each Receipt this Period  
 195.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

**C. Clark, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx3881  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22143**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 650.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 OF 111               |
|   | <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. Cohen, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4352  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1560.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22144**  
 Amount of Each Receipt this Period  
 780.00  
 Memo Item  
 Payroll Contribution per cycle \$60.00

**B. Comporato, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4824  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22145**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Connell, Kristen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4359  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 414.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22146**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1248.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Cox, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx5430  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22148**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Crawley, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx7742  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22149**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**C. Crea, Kimberly A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx5254  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22150**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 780.00  
**TOTAL** This Period (last page this line number only).....▶



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. D'Elia, Gabriela, , ,**

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

Mailing Address Employee #xx5486  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
12 / 31 / 2019  
Transaction ID : SA11AI.22166

Amount of Each Receipt this Period  
325.00

Memo Item  
Payroll Contribution per cycle \$25.00

**B. Dab, Deborah, , ,**

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

Mailing Address Employee # xx5054  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
468.00

Date of Receipt  
12 / 31 / 2019  
Transaction ID : SA11AI.22151

Amount of Each Receipt this Period  
234.00

Memo Item  
Payroll Contribution per cycle \$18.00

**C. Dailey, Carla M, , ,**

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

Mailing Address Emp# xx0442  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
12 / 31 / 2019  
Transaction ID : SA11AI.22152

Amount of Each Receipt this Period  
325.00

Memo Item  
Payroll Contribution per cycle \$25.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 884.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Dansky, Tanya, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4732  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22153**  
 Amount of Each Receipt this Period 455.00  
 Memo Item  
 Payroll Contribution per cycle \$35.00

**B. Danupatampa, Esther, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4390  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22154**  
 Amount of Each Receipt this Period 156.00  
 Memo Item  
 Payroll Contribution per cycle \$12.00

**C. Datcher, Shannon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx7287  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22157**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 936.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 OF 111               |
|   | <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. Davis Majewski, Becky, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Employee # xx4605  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22158**

Amount of Each Receipt this Period  
 325.00

Memo Item  
 Payroll Contribution per cycle \$25.00

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

Mailing Address Employee #xx5444  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22159**

Amount of Each Receipt this Period  
 195.00

Memo Item  
 Payroll Contribution per cycle \$15.00

**C. DeBartoli, Jodie, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Employee# xx1900  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 312.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22160**

Amount of Each Receipt this Period  
 156.00

Memo Item  
 Payroll Contribution per cycle \$12.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 676.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 OF 111               |
|   | <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. DeCesare, Zenaida, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx5087  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22161**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Dehart, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx0621  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Consultant Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22164**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Dekeyzer, Marilyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4798  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22165**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 884.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 OF 111               |
|   | <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. Devine, Renee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Emp# xx0495  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22167**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Dixit, Anshul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx5104  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22169**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Donohue, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx2241  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22170**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 689.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 OF 111               |
|   | <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. Drahmann, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx7100  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22173**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Dutra, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx3097  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22174**  
 Amount of Each Receipt this Period  
 18.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Ebrahimi, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx7994  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Mgr.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22175**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 577.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 OF 111               |
|   | <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. Edwards, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx3066  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22176**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Edwards, Rob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx5499  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22177**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Ejuwa, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx3113  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22179**  
 Amount of Each Receipt this Period  
 585.00  
 Memo Item  
 Payroll Contribution per cycle \$45.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1144.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 OF 111               |
|   | <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. Ellis, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx2404  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22180**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 Payroll Contribution per cycle \$20.00

**B. Ferguson, Kathryn, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx2319  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22181**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 Payroll Contribution per cycle \$20.00

**C. Ferguson, Wendell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx8274  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22182**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 845.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 OF 111               |
|   | <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. Fisher, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx1784  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22183**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Flinders, Marci, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx5113  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22184**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**C. Florez, Hugo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx1071  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22185**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 598.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 34 OF 111  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. floyd, Mary, , ,</b>                   |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee #xx5446<br>50 Beale Street   |   | <b>Transaction ID : SA11AI.22186</b>   |
| City<br>San Francisco   | State<br>CA                                 | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>325.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Sr. Director | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$25.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>650.00          |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Forte, Amber, , ,</b>                  |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee # xx4218<br>50 Beale Street  |  | <b>Transaction ID : SA11AI.22187</b>   |
| City<br>San Francisco   | State<br>CA                                | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>234.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Sr. Manager | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$18.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>468.00         |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Fortino, Dawn, , ,</b>               |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee# xx8687<br>50 Beale Street   |  | <b>Transaction ID : SA11AI.22188</b>   |
| City<br>San Francisco   | State<br>CA                            | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>325.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Manager | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$25.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>650.00     |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 884.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 35 OF 111  |
| <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. Foy, Sandra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx0928  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22189**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Fritz, Kimberly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx1371  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22190**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Frye, Erika, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx8832  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22191**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 793.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 OF 111               |
|   | <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. Fulfer, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx6794  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22192**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**B. Furtado, Miguel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx1053  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22193**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Gaines, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4561  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22194**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 494.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 OF 111               |
|   | <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. Gannon, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx2952  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22195**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Gayken, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx5438  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22198**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Gebhart, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Emp# xx7244  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22199**  
 Amount of Each Receipt this Period 390.00  
 Memo Item  
 Payroll Contribution per cycle \$30.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 858.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 OF 111               |
|   | <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. Goldberg, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4504  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22203**  
 Amount of Each Receipt this Period 455.00  
 Memo Item  
 Payroll Contribution per cycle \$35.00

**B. Gonzales, Celia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx5859  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22204**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Goode, Kimberley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4855  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1820.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22205**  
 Amount of Each Receipt this Period 910.00  
 Memo Item  
 Payroll Contribution per cycle \$70.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1599.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 40 OF 111               |
|   | <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. Gorakshakar, Poonam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Employee# xx1791  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 312.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22206**

Amount of Each Receipt this Period  
 156.00

Memo Item  
 Payroll Contribution per cycle \$12.00

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

Mailing Address emp xx2233  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22207**

Amount of Each Receipt this Period  
 325.00

Memo Item  
 Payroll Contribution per cycle \$25.00

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

Mailing Address Employee# xx3781  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22208**

Amount of Each Receipt this Period  
 36.00

Memo Item  
 Payroll Contribution per cycle \$18.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 517.00

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



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 41 OF 111               |
|   | <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. Guarino, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx8766  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22211**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**B. Guerridos, Raul E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Emp# xx2698  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22212**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Gustavson, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx5452  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22214**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 598.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 42 OF 111  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Harris, Myrta, , ,</b>                 |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee #xx3364<br>50 Beale Street   |   | <b>Transaction ID : SA11AI.22216</b>   |
| City<br>San Francisco   | State<br>CA                             | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>325.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Director | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$25.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>650.00      |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Harris, Staci, , ,</b>                 |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee# xx8450<br>50 Beale Street   |  | <b>Transaction ID : SA11AI.22217</b>   |
| City<br>San Francisco   | State<br>CA                            | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>299.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Manager | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$23.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>598.00     |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Hendrickson, Ruth, , ,</b>           |                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee # xx 3054<br>50 Beale Street   |                                     | <b>Transaction ID : SA11AI.22218</b>   |
| City<br>San Francisco   | State<br>CA                         | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>585.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>VP   | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$45.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>1170.00 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1209.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 OF 111               |
|   | <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. Hermosillo, Sarah, , ,**

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

Mailing Address Employee # xx 7363  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
12 / 31 / 2019  
**Transaction ID : SA11AI.22219**

Amount of Each Receipt this Period  
325.00

Memo Item  
Payroll Contribution per cycle \$25.00

**B. Hilty, Larry, , ,**

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

Mailing Address emp xx9314  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1255.00

Date of Receipt  
12 / 31 / 2019  
**Transaction ID : SA11AI.22221**

Amount of Each Receipt this Period  
585.00

Memo Item  
Payroll Contribution per cycle \$45.00

**C. Hoffman, Helena, , ,**

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

Mailing Address emp xx5671  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  
12 / 31 / 2019  
**Transaction ID : SA11AI.22223**

Amount of Each Receipt this Period  
143.00

Memo Item  
Payroll Contribution per cycle \$11.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1053.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 OF 111               |
|   | <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. Hopkins, Kimberly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx8896  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22224**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**B. Hornbacher, Stanford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx6615  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of Callifornia Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22225**  
 Amount of Each Receipt this Period 292.50  
 Memo Item  
 Payroll Contribution per cycle \$22.50

**C. Howell, Tracie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx1167  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22226**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 747.50  
**TOTAL** This Period (last page this line number only).....▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Huber, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx7445  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22227**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Hurd, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx6366  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22228**  
 Amount of Each Receipt this Period  
 390.00  
 Memo Item  
 Payroll Contribution per cycle \$30.00

**C. Jacobs, Seth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx6574  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Sr. VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22231**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item  
 Payroll Contribution per cycle \$75.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1599.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 46 OF 111               |
|   | <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. Jay, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Emp# xx5293  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22232**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Johns, Lorie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx5447  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22233**  
 Amount of Each Receipt this Period  
 292.50  
 Memo Item  
 Payroll Contribution per cycle \$22.50

**C. Johnson, Chantel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4860  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22234**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 760.50 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Kalyan, Krishna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx3135  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22236**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Karrobi, Syng, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx4555  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22237**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Kaur, Aabneet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx1488  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22238**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 884.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 48 OF 111               |
|   | <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. Kawamoto, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx4997  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 398.06

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22239**  
 Amount of Each Receipt this Period 199.03  
 Memo Item  
 Payroll Contribution per cycle \$15.31

**B. Khanna, Amit, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 1235  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22240**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

**C. Khemani, Pradip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx7222  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22241**  
 Amount of Each Receipt this Period 455.00  
 Memo Item  
 Payroll Contribution per cycle \$35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 744.03  
**TOTAL** This Period (last page this line number only)..... ▶



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Kibler, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx5267  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1742.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22242**  
 Amount of Each Receipt this Period 871.00  
 Memo Item  
 Payroll Contribution per cycle \$67.00

**B. Kiefer, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx8277  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1910.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22243**  
 Amount of Each Receipt this Period 1175.00  
 Memo Item  
 Payroll Contribution per cycle \$100.00

**C. Kiley, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx8889  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22244**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2371.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 OF 111               |
|   | <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. Kim, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx5487  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22245**  
 Amount of Each Receipt this Period 455.00  
 Memo Item  
 Payroll Contribution per cycle \$35.00

**B. Kim, Yun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx9394  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22246**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

**C. Kim, Yunkyung, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 5065  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22247**  
 Amount of Each Receipt this Period 650.00  
 Memo Item  
 Payroll Contribution per cycle \$50.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1300.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 51 OF 111  |
| <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. Knudsen, Amanda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx3382  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Assoc. General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22251**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Lackner, Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx1011  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22254**  
 Amount of Each Receipt this Period  
 260.00  
 Memo Item  
 Payroll Contribution per cycle \$20.00

**C. Lam, Nora, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx5642  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22255**  
 Amount of Each Receipt this Period  
 195.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 689.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 52 OF 111               |
|   | <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. Langum, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx2976  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22256**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Lautsch, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 5111  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22257**  
 Amount of Each Receipt this Period  
 530.00  
 Memo Item  
 Payroll Contribution per cycle \$50.00

**C. Leaf, Alex, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 1190  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22258**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 894.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 53 OF 111               |
|   | <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. Lee, Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx4606, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22259**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 Payroll Contribution per cycle \$20.00

**B. Leland, Maureen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 2874 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22262**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Leone, Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx0260 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 598.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22263**  
 Amount of Each Receipt this Period 299.00  
 Memo Item  
 Payroll Contribution per cycle \$23.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 793.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 54 OF 111  |
| <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. Loving III, Alvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx7643  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22267**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Lowe, Pamela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx4473  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22268**  
 Amount of Each Receipt this Period 216.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Luippold, Analisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx6832  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22271**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 866.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 55 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Lum, Alison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx8386  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22272**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Lynaugh, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx9411  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22273**  
 Amount of Each Receipt this Period 520.00  
 Memo Item  
 Payroll Contribution per cycle \$40.00

**C. Lyster, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx0804  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22274**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1079.00  
**TOTAL** This Period (last page this line number only).....▶



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 56 OF 111               |
|   | <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. Macchi, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx1738  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22275**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Maguire, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 4175  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22276**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Marcoccia, Sibylle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx5264  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22277**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 702.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 57 OF 111               |
|   | <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. Markovich, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx6510  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22278**  
 Amount of Each Receipt this Period  
 1700.00  
 Memo Item  
 Payroll Contribution per cycle \$200.00

**B. Marshall, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx8149  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22282**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Matsuda, Russell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx0289  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22283**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2168.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 59 OF 111               |
|   | <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. McCambridge, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx8515  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22287**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. McFarland, Shelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx1236, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22288**  
 Amount of Each Receipt this Period  
 134.94  
 Memo Item  
 Payroll Contribution per cycle \$10.38

**C. McGrain, Blair, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 4358  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Head  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22289**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 693.94 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 60 OF 111               |
|   | <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. McNeil, Frances, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx6964  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Counsel Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22292**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**B. Mcniff, Nicole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx5458  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22293**  
 Amount of Each Receipt this Period 216.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Meinhofer, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx8066  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22294**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 541.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 61 OF 111               |
|   | <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. Mejorado, Rosario, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx8707  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22295**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**B. Minarcin, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Beale Street  
 employee #xx4753  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22296**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Miranda, Benito, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx1002  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22297**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 689.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 62 OF 111               |
|   | <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. Mixon, Haley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx3986  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22298**  
 Amount of Each Receipt this Period 390.00  
 Memo Item  
 Payroll Contribution per cycle \$30.00

**B. Mone, Jeanette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx3729  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22301**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Moore, Jaynene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx2572  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22302**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 910.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 63 OF 111  |
| <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. Morgan, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22303**  
 Amount of Each Receipt this Period 1350.00  
 Memo Item  
 Payroll Contribution per cycle \$200.00

**B. Mullany, Kristin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx8111 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22304**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Murray, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx6809 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22305**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 Payroll Contribution per cycle \$20.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1935.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 64 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Murray, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx1032  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1560.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22306**  
 Amount of Each Receipt this Period 780.00  
 Memo Item  
 Payroll Contribution per cycle \$60.00

**B. Nast, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx2744  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22307**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Nguyen, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 5068  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22308**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1248.00  
**TOTAL** This Period (last page this line number only).....▶



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 65 OF 111               |
|   | <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. Novarr, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx4346  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Assoc. General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22309**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**B. Nye, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx3144  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22312**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item  
 Payroll Contribution per cycle \$70.00

**C. O'Hara, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx0977  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1820.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22318**  
 Amount of Each Receipt this Period  
 910.00  
 Memo Item  
 Payroll Contribution per cycle \$70.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1390.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 66 OF 111               |
|   | <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"/>                | <input type="checkbox"/> 17  |

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

**A. O'Neill, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx8459  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22319**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Ocepek, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx1761  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22315**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Odette, Terese, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx7096  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22316**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 975.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 67 OF 111               |
|   | <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. Ogbu, Vanessa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 4604  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22317**  
 Amount of Each Receipt this Period 180.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

**B. Oshel, Nicole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx4499  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22320**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Osorio, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 5790  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22321**  
 Amount of Each Receipt this Period 275.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 689.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 68 OF 111               |
|   | <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. Padilla, Ana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx6534  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Phone Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22323**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**B. Palko, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx0467  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22324**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Panek, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx8535  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22325**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 780.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 69 OF 111               |
|   | <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. Paredes, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx1203  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 728.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22327**  
 Amount of Each Receipt this Period 364.00  
 Memo Item  
 Payroll Contribution per cycle \$28.00

**B. Parker, Chad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx8331  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22328**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

**C. Patel, Amul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx5255  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22329**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 884.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 70 OF 111  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Pisani, Michelle, , ,</b>              |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee #xx3695<br>50 Beale Street   |   | <b>Transaction ID : SA11AI.22333</b>   |
| City<br>San Francisco   | State<br>CA                             | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>130.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Director | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$10.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00      |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Prather, David, , ,</b>                |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address emp xx5817<br>50 Beale Street   |  | <b>Transaction ID : SA11AI.22334</b>   |
| City<br>San Francisco   | State<br>CA                            | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>130.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of California  | Occupation (for Individual)<br>Manager | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$10.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00     |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Prettyman, Daniel, , ,</b>           |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address emp xx5418<br>50 Beale St.  |                                    | <b>Transaction ID : SA11AI.22335</b>   |
| City<br>San Francisco   | State<br>CA                        | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>325.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of California  | Occupation (for Individual)<br>VP  | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$25.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>650.00 |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 585.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 71 OF 111  |
| <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. Raongthum, Anchulee J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Emp# xx6257  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 598.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22336**  
 Amount of Each Receipt this Period 299.00  
 Memo Item  
 Payroll Contribution per cycle \$23.00

**B. Rapp, Jordan, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx6171  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22337**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**C. Rau, Carsten, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx3095  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22338**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 754.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 72 OF 111               |
|   | <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. Reeder, Marcella, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx2415  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22339**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Rinaldi, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx1645  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 319.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22340**  
 Amount of Each Receipt this Period  
 138.90  
 Memo Item  
 Payroll Contribution per cycle \$13.89

**C. Ring, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx5034  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Supervisor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22341**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 606.90 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 73 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Robertson, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx3759  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22342**  
 Amount of Each Receipt this Period  
 650.00  
 Memo Item  
 Payroll Contribution per cycle \$50.00

**B. Rodgers, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx5829  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22344**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Roehm, Michael, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx7259  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22345**  
 Amount of Each Receipt this Period  
 195.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1170.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 74 OF 111  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |             |  |  |
|---|-------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Ross, Danielle, , ,</b>                |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee #xx4158<br>50 Beale Street   |             |  | <b>Transaction ID : SA11AI.22346</b>   |
| City<br>San Francisco   | State<br>CA | Zip Code<br>94105                      | Amount of Each Receipt this Period<br>216.00                                 |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$18.00 |
| Name of Employer (for Individual)<br>Blue Shield of CA  |             | Occupation (for Individual)<br>Manager |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>414.00     |  |

|   |             |                                    |  |
|---|-------------|------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Saadzo, Lina, , ,</b>                  |             |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee# xx5649<br>50 Beale Street   |             |                                    | <b>Transaction ID : SA11AI.22347</b>   |
| City<br>San Francisco   | State<br>CA | Zip Code<br>94105                  | Amount of Each Receipt this Period<br>455.00                                 |
| FEC ID number of contributing federal political committee.<br>C   |             |                                    | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$35.00 |
| Name of Employer (for Individual)<br>Blue Shield of CA  |             | Occupation (for Individual)<br>VP  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>910.00 |  |

|   |             |  |  |
|---|-------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Safran, Joseph, , ,</b>              |             |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address emp xx9164, 50 Beale Street   |             |  | <b>Transaction ID : SA11AI.22348</b>   |
| City<br>San Francisco   | State<br>CA | Zip Code<br>94105                      | Amount of Each Receipt this Period<br>260.00                                 |
| FEC ID number of contributing federal political committee.<br>C   |             |  | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$20.00 |
| Name of Employer (for Individual)<br>Blue Shield  |             | Occupation (for Individual)<br>Manager |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Aggregate Year-to-Date ▼<br>520.00     |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 931.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 75 OF 111  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Salow, Richard, , ,</b>                |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address 50 Beale Street<br>employee # xx5516  |   | <b>Transaction ID : SA11AI.22350</b>   |
| City<br>San Francisco   | State<br>CA                             | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>325.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of California  | Occupation (for Individual)<br>Director | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$25.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>650.00      |  |

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Saporta Cheng, Carla, , ,</b>          |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee # xx 5163<br>50 Beale Street   |   | <b>Transaction ID : SA11AI.22351</b>   |
| City<br>San Francisco   | State<br>CA                               | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>364.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Consultant | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$28.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>728.00        |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Sasaki, Lori, C, ,</b>               |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee# xx7711<br>50 Beale Street   |  | <b>Transaction ID : SA11AI.22354</b>   |
| City<br>San Francisco   | State<br>CA                            | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>195.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Manager | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$15.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>390.00     |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 884.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 76 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Schulz, Shayna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Employee # xx3526  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1370.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22356**

Amount of Each Receipt this Period  
 785.00

Memo Item  
 Payroll Contribution per cycle \$70.00

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

Mailing Address Employee # xx0637  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 468.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22359**

Amount of Each Receipt this Period  
 234.00

Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Sedo, Sandra, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Employee# xx5441  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22362**

Amount of Each Receipt this Period  
 130.00

Memo Item  
 Payroll Contribution per cycle \$10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1149.00

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 77 OF 111  |
| <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. Shaw, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx1283  
 50 Beale street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Sr. Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22364**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

**B. Shearer, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 4822  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22365**  
 Amount of Each Receipt this Period 585.00  
 Memo Item  
 Payroll Contribution per cycle \$45.00

**C. Shen, Danny, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx2954  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22367**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1105.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 78 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Shih, Jessica, , ,</b>                 |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee #xx5707<br>50 Beale Street   |   | <b>Transaction ID : SA11AI.22368</b>   |
| City<br>San Francisco   | State<br>CA                             | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>175.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Director | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$25.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00      |  |

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Shih, Michelle, Y, ,</b>               |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee# xx6919<br>50 Beale Street   |   | <b>Transaction ID : SA11AI.22369</b>   |
| City<br>San Francisco   | State<br>CA                             | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>780.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Director | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$60.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1150.00     |  |

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Small, Carla, , ,</b>                |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee# xx5531<br>50 Beale Street   |   | <b>Transaction ID : SA11AI.22370</b>   |
| City<br>San Francisco   | State<br>CA                                 | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>325.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Sr. Director | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$25.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>650.00          |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1280.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 79 OF 111               |
|   | <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. Solomon, Gilbert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx1700  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1199.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22373**  
 Amount of Each Receipt this Period  
 599.95  
 Memo Item  
 Payroll Contribution per cycle \$46.15

**B. Sommercamp, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx3636  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22375**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Spector, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx4420, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2057.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22376**  
 Amount of Each Receipt this Period  
 1028.56  
 Memo Item  
 Payroll Contribution per cycle \$79.12

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1953.51 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 80 OF 111               |
|   | <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. Spencer, Alyson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx1058  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22377**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Speziale, Donald, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx3696  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22378**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**C. Spicer, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx1303  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22379**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 559.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 81 OF 111  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Starr, Amy, , ,</b>                    |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee # xx 0468<br>50 Beale Street   |  | <b>Transaction ID : SA11AI.22380</b>   |
| City<br>San Francisco   | State<br>CA                                | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>130.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Sr. Manager | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$10.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00         |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Stein, Steven, , ,</b>                 |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee #xx5784<br>50 Beale Street   |  | <b>Transaction ID : SA11AI.22381</b>   |
| City<br>San Francisco   | State<br>CA                            | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>234.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Manager | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$18.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>396.00     |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Stewart, Grant, , ,</b>              |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2019             |
| Mailing Address Employee # xx 8681<br>50 Beale Street   |  | <b>Transaction ID : SA11AI.22383</b>   |
| City<br>San Francisco   | State<br>CA                                | Zip Code<br>94105  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>195.00                                 |
| Name of Employer (for Individual)<br>Blue Shield of CA  | Occupation (for Individual)<br>Sr. Manager | <input type="checkbox"/> Memo Item<br>Payroll Contribution per cycle \$15.00 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>390.00         |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 559.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 82 OF 111               |
|   | <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. Strohson Jr., Malcolm, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Beale Street  
employee #xx5599

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019

**Transaction ID : SA11AI.22384**

Amount of Each Receipt this Period  
325.00

Memo Item  
Payroll Contribution per cycle \$25.00

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

Mailing Address Employee# xx2061  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1170.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019

**Transaction ID : SA11AI.22385**

Amount of Each Receipt this Period  
585.00

Memo Item  
Payroll Contribution per cycle \$45.00

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

Mailing Address Employee #xx3601  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019

**Transaction ID : SA11AI.22386**

Amount of Each Receipt this Period  
234.00

Memo Item  
Payroll Contribution per cycle \$18.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1144.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 83 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Sui, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx7957  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22387**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 Payroll Contribution per cycle \$15.00

**B. Sun, Cecilia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx3131  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1560.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22388**  
 Amount of Each Receipt this Period 780.00  
 Memo Item  
 Payroll Contribution per cycle \$60.00

**C. Tandon, Vikas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx4678  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22389**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1105.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 84 OF 111  |
| <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. Tate, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx5215  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22390**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**B. Tate, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx4871  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22391**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Taylor, Jayne W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Emp# xx5713  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22392**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 689.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 85 OF 111               |
|   | <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. Tellier-Fairey, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Employee # xx5238  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22393**

Amount of Each Receipt this Period  
 325.00

Memo Item  
 Payroll Contribution per cycle \$25.00

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

Mailing Address Employee #xx1132  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22394**

Amount of Each Receipt this Period  
 325.00

Memo Item  
 Payroll Contribution per cycle \$25.00

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

Mailing Address Employee# xx0295  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 468.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22395**

Amount of Each Receipt this Period  
 234.00

Memo Item  
 Payroll Contribution per cycle \$18.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 884.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 86 OF 111               |
|   | <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. Tolentino Lorenzo, Janice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx4413  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22396**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Tori, Leesa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx5758  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22397**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Torres, Marco, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx0596  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22398**  
 Amount of Each Receipt this Period 240.00  
 Memo Item  
 Payroll Contribution per cycle \$20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 708.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 87 OF 111  |
| <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. Trauth, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx2147  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22399**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**B. Trenam, Joanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address emp xx0511, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22400**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**C. Ullom, Regina A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Emp# xx5624  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22401**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 494.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 88 OF 111               |
|   | <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. Ulrich, Loni, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Emp# xx8333  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22402**

Amount of Each Receipt this Period  
 195.00

Memo Item  
 Payroll Contribution per cycle \$15.00

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

Mailing Address Employee# xx5007  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 468.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22403**

Amount of Each Receipt this Period  
 234.00

Memo Item  
 Payroll Contribution per cycle \$18.00

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

Mailing Address Employee# xx8446  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Head of Shared Services

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22406**

Amount of Each Receipt this Period  
 130.00

Memo Item  
 Payroll Contribution per cycle \$10.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 559.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 89 OF 111  |
| <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. Vota, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address employee # xx3873  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Sr. 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 Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22407**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**B. Wagner, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx7917  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22408**  
 Amount of Each Receipt this Period  
 156.00  
 Memo Item  
 Payroll Contribution per cycle \$12.00

**C. Wallace, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx0287  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22409**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 520.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 91 OF 111               |
|   | <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. Westbrook, Zachary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx4151  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Program leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 598.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22414**  
 Amount of Each Receipt this Period 299.00  
 Memo Item  
 Payroll Contribution per cycle \$23.00

**B. White, Jana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx4485  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22415**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Whitelaw, Jayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee #xx5978  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22416**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 608.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 92 OF 111               |
|   | <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. Whitney, Na'Keithia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 7731  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22417**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Wilkins, Kimball, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx3150  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22418**  
 Amount of Each Receipt this Period  
 335.00  
 Memo Item  
 Payroll Contribution per cycle \$50.00

**C. Williams, Bryce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx8031  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22419**  
 Amount of Each Receipt this Period  
 585.00  
 Memo Item  
 Payroll Contribution per cycle \$45.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1245.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 93 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Williams, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx4636  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22420**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Wilson, Lila, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx1064  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22421**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Winter, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx2464  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22422**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 884.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 94 OF 111               |
|   | <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. Wong, Salina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Emp# xx3056  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22425**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**B. Woodfill, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx0849  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22426**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C. Worbets, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx1921  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22427**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 884.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 95 OF 111               |
|   | <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. Wylie, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 2362  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22428**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**B. Yan, Lily, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 5658  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22429**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Yang, Winnie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx7578  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22430**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 793.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 96 OF 111  |
| <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. Yao, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Beale Street  
 employee# xx5363  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22431**  
 Amount of Each Receipt this Period 455.00  
 Memo Item  
 Payroll Contribution per cycle \$35.00

**B. Yi, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx2915  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22432**  
 Amount of Each Receipt this Period 325.00  
 Memo Item  
 Payroll Contribution per cycle \$25.00

**C. Yokoyama, Krista, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx8246  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of California Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.22433**  
 Amount of Each Receipt this Period 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1014.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 97 OF 111               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Zhou, Sylvia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee # xx 5367  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22437**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 Payroll Contribution per cycle \$10.00

**B. Zimmerling, Marcus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Employee# xx5374  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Shield of CA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.22438**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item  
 Payroll Contribution per cycle \$18.00

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 364.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 90795.34 |

**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)

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

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NAME OF COMMITTEE (In Full)

**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BARBARA LEE FOR CONGRESS**

Mailing Address 333 HEGENBERGER RD, STE 369

City OAKLAND State CA Zip Code 94621

Purpose of Disbursement  
2019 Primary

Candidate Name  
**BARBARA LEE FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼

State: CA District: 13

Date of Disbursement

/  /

FEC Identification Number

**C** C00331769

**Transaction ID : SB23.22445**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. BARRAGAN FOR CONGRESS**

Mailing Address 1840 SOUTH GAFFEY STREET #421

City SAN PEDRO State CA Zip Code 90731

Purpose of Disbursement  
2019 Primary

Candidate Name  
**BARRAGAN FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼

State: CA District: 44

Date of Disbursement

/  /

FEC Identification Number

**C** C00577353

**Transaction ID : SB23.22446**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. BERA FOR CONGRESS**

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement  
2019 Primary

Candidate Name  
**BERA FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼

State: CA District: 07

Date of Disbursement

/  /

FEC Identification Number

**C** C00461061

**Transaction ID : SB23.22455**

Amount of Each Disbursement this Period

Memo Item

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

**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)

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

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BLUE PAC</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 17 / 2019  |
| Mailing Address PO BOX 34676  |  | FEC Identification Number<br>C00368480<br><b>Transaction ID : SB23.22457</b><br>Amount of Each Disbursement this Period<br>25000.00 |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20043   |
| Purpose of Disbursement<br>2019 Contribution  |  | Category/<br>Type   |
| Candidate Name<br><b>BLUE PAC</b>   |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2019<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: District:  |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. BRADY FOR CONGRESS</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 15 / 2019   |
| Mailing Address 2203 EASTLAND DRIVE  |  | FEC Identification Number<br>C00350496<br><b>Transaction ID : SB23.22447</b><br>Amount of Each Disbursement this Period<br>2500.00 |
| City<br>BLOOMINGTON  | State<br>IN  | Zip Code<br>61704  |
| Purpose of Disbursement<br>2019 Primary  |  | Category/<br>Type  |
| Candidate Name<br><b>BRADY FOR CONGRESS</b>  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2019<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <input type="checkbox"/> Memo Item   |
| State: IL District: 15   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CATHERINE CORTEZ MASTO FOR SENATE</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 04 / 2019   |
| Mailing Address 8020 SOUTH RAINBOW BLVD #100-112   |  | FEC Identification Number<br>C00575548<br><b>Transaction ID : SB23.22485</b><br>Amount of Each Disbursement this Period<br>2500.00 |
| City<br>LAS VEGAS  | State<br>NV  | Zip Code<br>89139  |
| Purpose of Disbursement<br>2019 Primary  |  | Category/<br>Type  |
| Candidate Name<br><b>CATHERINE CORTEZ MASTO FOR SENATE</b>   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item   |
| State: NV District: 00   |  |  |

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

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

|          |
|----------|
| 30000.00 |
|          |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 04 |   |   | 2019 |   |   |   |

Mailing Address 410 1ST ST SE  
SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
2019 Primary

FEC Identification Number

**C** C00384057

**Transaction ID : SB23.22489**

Amount of Each Disbursement this Period

5000.00

Candidate Name

**COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: CA District: 38

Memo Item

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC CONG. CAMPAIGN COMM.**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 07 |   |   | 10 |   |   | 2019 |   |   |   |

Mailing Address 430 South Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2019 Contribution

FEC Identification Number

**C** C00000935

**Transaction ID : SB23.22439**

Amount of Each Disbursement this Period

5000.00

Candidate Name

**DEMOCRATIC CONG. CAMPAIGN COMM.**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify)

State: DC District: 00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC SEN. CAMPAIGN COMMITTEE**

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 08 |   |   | 12 |   |   | 2019 |   |   |   |

Mailing Address 120 MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
2019 Contribution

FEC Identification Number

**C** C00042366

**Transaction ID : SB23.22451**

Amount of Each Disbursement this Period

10000.00

Candidate Name

**DEMOCRATIC SEN. CAMPAIGN COMMITTEE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼

State: DC District:

Memo Item

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

20000.00

**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)

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

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NAME OF COMMITTEE (In Full)

**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DENALI LEADERSHIP PAC**

Mailing Address 16158 ESSEX PARK DRIVE

City  
ANCHORAGE

State  
AK

Zip Code  
99516

Purpose of Disbursement  
2019 Contribution

Candidate Name

**DENALI LEADERSHIP PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 4 |   | 2 | 0 | 1 | 9 |

FEC Identification Number

**C** C00438291

**Transaction ID : SB23.22477**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF TODD YOUNG, INC.**

Mailing Address PO BOX 1053

City  
BLOOMINGTON

State  
IN

Zip Code  
47402

Purpose of Disbursement  
2019 Primary

Candidate Name

**FRIENDS OF TODD YOUNG, INC.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: IN District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 0 | 4 |   | 2 | 0 | 1 | 9 |

FEC Identification Number

**C** C00459255

**Transaction ID : SB23.22487**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FUND FOR THE MAJORITY**

Mailing Address 1212 S VICTORY BLVD

City  
BURBANK

State  
CA

Zip Code  
91502

Purpose of Disbursement  
2019 Contribution

Candidate Name

**FUND FOR THE MAJORITY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 2 |   | 2 | 0 | 1 | 9 |

FEC Identification Number

**C** C00433219

**Transaction ID : SB23.22472**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

9000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. FUTURE FORUM PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement 2019 Contribution

Candidate Name **FUTURE FORUM PAC**

Office Sought:  House  Senate  President

Disbursement For: 2019  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: **C00625988**  
**Transaction ID : SB23.22443**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. GARAMENDI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

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

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement 2019 Primary

Candidate Name **GARAMENDI FOR CONGRESS**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: CA District: 03

Date of Disbursement: 12 / 10 / 2019

FEC Identification Number: **C00462697**  
**Transaction ID : SB23.22493**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. JACKIE SPEIER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement 2019 Primary

Candidate Name **JACKIE SPEIER FOR CONGRESS**

Office Sought:  House  Senate  President

Disbursement For: 2019  Primary  General  Other (specify) ▼

State: CA District: 12

Date of Disbursement: 09 / 19 / 2019

FEC Identification Number: **C00443705**  
**Transaction ID : SB23.22465**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15000.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. Jimmy Gomez for Congress**

Mailing Address 3756 W. Ave 40  
Suite K #117

City Los Angeles State CA Zip Code 90065

Purpose of Disbursement  
2019 General

Candidate Name  
**Jimmy Gomez for Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼

State: CA District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00629659

**Transaction ID : SB23.22466**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. JIMMY PANETTA FOR CONGRESS**

Mailing Address 60 EAST CARMEL VALLEY ROAD

City CARMEL VALLEY State CA Zip Code 93924

Purpose of Disbursement  
2019 Primary

Candidate Name  
**JIMMY PANETTA FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify)

State: CA District: 20

Date of Disbursement

/  /

FEC Identification Number

**C** C00592154

**Transaction ID : SB23.22471**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. JOSH GOTTHEIMER FOR CONGRESS**

Mailing Address PO BOX 584

City RIDGEWOOD State NJ Zip Code 07451

Purpose of Disbursement  
2019 General

Candidate Name  
**JOSH GOTTHEIMER FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼

State: NJ District: 05

Date of Disbursement

/  /

FEC Identification Number

**C** C00573949

**Transaction ID : SB23.22452**

Amount of Each Disbursement this Period

Memo Item

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

**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)

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

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

**A. JOSH GOTTHEIMER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 584

City RIDGEWOOD State NJ Zip Code 07451

Purpose of Disbursement 2019 Primary

Candidate Name **JOSH GOTTHEIMER FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼

State: NJ District: 05

Date of Disbursement: 09 / 17 / 2019

FEC Identification Number: C00573949  
Transaction ID : SB23.22454  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. KAREN BASS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 777 S. Figueroa Street Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement 2019 Primary

Candidate Name **KAREN BASS FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼

State: CA District: 33

Date of Disbursement: 08 / 12 / 2019

FEC Identification Number: C00476523  
Transaction ID : SB23.22449  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. LOU CORREA FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 420 N TWIN OAKS VALLEY RD #2229

City SAN MARCOS State CA Zip Code 92079

Purpose of Disbursement 2019 Primary

Candidate Name **LOU CORREA FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼

State: CA District: 46

Date of Disbursement: 09 / 17 / 2019

FEC Identification Number: C00578302  
Transaction ID : SB23.22456  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7500.00

**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)

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

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

**A. MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

Mailing Address 9 HIGGINS STREET

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement 2019 Contribution

Candidate Name MAINE REPUBLICAN PARTY

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2019

FEC Identification Number: C00003111

Transaction ID : SB23.22482

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. MARK DESAULNIER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6066

City CONCORD State CA Zip Code 94524

Purpose of Disbursement 2019 Primary

Candidate Name MARK DESAULNIER FOR CONGRESS

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: CA District: 11

Date of Disbursement: 10 / 15 / 2019

FEC Identification Number: C00554709

Transaction ID : SB23.22475

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. MIKE THOMPSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement 2019 Contribution

Candidate Name MIKE THOMPSON FOR CONGRESS

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: CA District: 01

Date of Disbursement: 11 / 12 / 2019

FEC Identification Number: C00326363

Transaction ID : SB23.22491

Amount of Each Disbursement this Period: 5000.00

Memo Item

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

**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)

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

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. NANCY PELOSI FOR CONGRESS</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 19 / 2019                       |  |
| Mailing Address 235 Montgomery Street<br>Suite 610  |  |  |  |
| City<br>San Francisco   | State<br>CA  | Zip Code<br>94104  |  |
| Purpose of Disbursement<br>2019 General   |  | FEC Identification Number<br>C 000213512<br><b>Transaction ID : SB23.22467</b> |  |
| Candidate Name<br><b>NANCY PELOSI FOR CONGRESS</b>  |  | Amount of Each Disbursement this Period<br>1000.00                             |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2019<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: CA District: 08  | <input type="checkbox"/> Memo Item   |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. NO LABELS PROBLEM SOLVERS POLITICAL ACTION COMMITTEE (NO LABELS PROBLEM SOLVERS PAC)</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 04 / 2019                       |  |
| Mailing Address 1130 CONNECTICUT AVE NW SUITE 325   |  |  |  |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20036  |  |
| Purpose of Disbursement<br>2019 Contribution  |  | FEC Identification Number<br>C 000629709<br><b>Transaction ID : SB23.22480</b> |  |
| Candidate Name<br>NO LABELS PROBLEM SOLVERS POLITICAL ACTION COMMITTEE (NO LABELS PROBLEM SOLVERS PAC)                                    |  | Amount of Each Disbursement this Period<br>5000.00                             |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                    | Disbursement For: 2020<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ |  |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. NORMA TORRES FOR CONGRESS</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 25 / 2019                       |  |
| Mailing Address 728 W EDNA PLACE  |  |  |  |
| City<br>COVINA  | State<br>CA  | Zip Code<br>91722  |  |
| Purpose of Disbursement<br>2019 Primary   |  | FEC Identification Number<br>C 000557652<br><b>Transaction ID : SB23.22492</b> |  |
| Candidate Name<br><b>NORMA TORRES FOR CONGRESS</b>  |  | Amount of Each Disbursement this Period<br>5000.00                             |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2020<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: CA District: 35  | <input type="checkbox"/> Memo Item   |  |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 11000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 11000.00 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. RO FOR CONGRESS INC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3513

City SANTA CLARA State CA Zip Code 95055

Purpose of Disbursement Stop pay ch#2676 9/27/18

Candidate Name **RO FOR CONGRESS INC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 17

Date of Disbursement: 07 / 16 / 2019

FEC Identification Number: C00503185  
**Transaction ID : SB23.22498**

Amount of Each Disbursement this Period: - 2500.00

Memo Item

**B. SCOTT PETERS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 22074

City SAN DIEGO State CA Zip Code 92192

Purpose of Disbursement 2019 Primary

Candidate Name **SCOTT PETERS FOR CONGRESS**

Office Sought:  House  Senate  President

Disbursement For: 2019  Primary  General  Other (specify)

State: CA District: 52

Date of Disbursement: 08 / 12 / 2019

FEC Identification Number: C00503110  
**Transaction ID : SB23.22450**

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. SEEKING JUSTICE COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 131025

City BIRMINGHAM State AL Zip Code 35213

Purpose of Disbursement 2019 Contribution

Candidate Name **SEEKING JUSTICE COMMITTEE**

Office Sought:  House  Senate  President

Disbursement For: 2019  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 16 / 2019

FEC Identification Number: C00666776  
**Transaction ID : SB23.22495**

Amount of Each Disbursement this Period: 2500.00

Memo Item

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

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

2500.00





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

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

FOR LINE NUMBER: (check only one)

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

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

**A. Velvet Hammer PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 14362

City Saint Paul State MN Zip Code 55114

Purpose of Disbursement 2019 Contribution

Candidate Name **Velvet Hammer PAC**

Office Sought:  House  Senate  President

Disbursement For: 2019  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2019

FEC Identification Number: C

Transaction ID : SB23.22473

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 5000.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 163500.00 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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**

**A. Bank, Fees**

Full Name (Last, First, Middle Initial)

Mailing Address 345 Montgomery Street

City San Francisco State CA Zip Code 94101

Purpose of Disbursement  
Dec Account Analysis Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB29.22464

Amount of Each Disbursement this Period: 80.08

Memo Item

**B.**

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) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

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) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 80.08

**TOTAL** This Period (last page this line number only)..... ▶ 80.08