

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of CA

5. Covering Period 10 01 2008 through 11 24 2008

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

Signature of Treasurer Electronically Filed by Karman Chan Date 12 30 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		65707.70
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	80861.37									
(c) Total Receipts (from Line 19)	17168.44	97996.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	98029.81	163704.53								
7. Total Disbursements (from Line 31)	23553.23	89227.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74476.58	74476.58								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14849.44	66585.88
(i) Itemized (use Schedule A)	2319.00	31410.95
(ii) Unitemized	17168.44	97996.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17168.44	97996.83
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17168.44	97996.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17168.44	97996.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	89000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	53.23	227.95
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	23553.23	89227.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23553.23	89227.95

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17168.44	97996.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17168.44	97996.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
 Salim Alama
 Mailing Address 116125
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8658
 Amount of Each Receipt this Period 100.00
 Payroll contribution per cycle \$25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 325.00

B. Full Name (Last, First, Middle Initial)
 Kenneth Sean Allen
 Mailing Address emp 109049
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8659
 Amount of Each Receipt this Period 80.00
 Payroll contribution per cycle \$20.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 480.00

C. Full Name (Last, First, Middle Initial)
 Dennis Alva
 Mailing Address emp 109311
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8660
 Amount of Each Receipt this Period 76.68
 Payroll contribution per cycle \$19.17
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 456.43

SUBTOTAL of Receipts This Page (optional) ► **256.68**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 7 / 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address **114648**
50 Beale Street

City **San Francisco** State **CA** Zip Code **94105**

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

Name of Employer **Blue Shield** Occupation **Employee**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt MM / DD / YYYY
11 / 24 / 2008

Transaction ID: SA11AI.8662

Amount of Each Receipt this Period **100.00**

Payroll contribution per cycle **\$25.00**

B. Full Name (Last, First, Middle Initial)
Tanya Ballow

Mailing Address **108347**
50 Beale Street

City **San Francisco** State **CA** Zip Code **94105**

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

Name of Employer **Blue Shield of California** Occupation **employee # 108347**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt MM / DD / YYYY
11 / 24 / 2008

Transaction ID: SA11AI.8665

Amount of Each Receipt this Period **90.00**

Payroll contribution per cycle **\$22.50**

C. Full Name (Last, First, Middle Initial)
Bret Balousek

Mailing Address **115527**
50 Beale Street

City **San Francisco** State **CA** Zip Code **94105**

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

Name of Employer **Blue Shield of California** Occupation **employee # 115527**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt MM / DD / YYYY
11 / 24 / 2008

Transaction ID: SA11AI.8666

Amount of Each Receipt this Period **60.00**

Payroll contribution per cycle **\$15.00**

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Patrick Banghart		Date of Receipt
	Mailing Address 115427 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8667
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 40.00
		Payroll contribution per cycle \$10.00	

B.	Full Name (Last, First, Middle Initial) Tracy Barnes		Date of Receipt
	Mailing Address emp 22076 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8668
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text"/> 60.00
		Payroll contribution per cycle \$15.00	

C.	Full Name (Last, First, Middle Initial) Vivek Bhatia		Date of Receipt
	Mailing Address emp 113173 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8671
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 40.00
		Payroll contribution per cycle \$10.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 140.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 9 / 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Douglas Biehn

Mailing Address emp 112903, 50 Beale Street

City State Zip Code
San Francisco CA 94105

FEC ID number of contributing federal political committee. C

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8672

Amount of Each Receipt this Period 80.00

Payroll contribution per cycle \$20.00

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

Mailing Address emp 16451 50 Beale Street

City State Zip Code
San Francisco CA 94105

FEC ID number of contributing federal political committee. C

Name of Employer Blue Shield of California Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8673

Amount of Each Receipt this Period 240.00

Payroll contribution per cycle \$60.00

C. Full Name (Last, First, Middle Initial)
Shirley Bolden

Mailing Address emp 016540, 50 Beale Street

City State Zip Code
San Francisco CA 94105

FEC ID number of contributing federal political committee. C

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8674

Amount of Each Receipt this Period 38.48

Payroll contribution per cycle \$9.62

SUBTOTAL of Receipts This Page (optional) 358.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Thomas Borchelt	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 115465 50 Beale Street	Transaction ID: SA11AI.8675
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation employee	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00

B.	Full Name (Last, First, Middle Initial) John Bradley	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 114962 50 Beale Street	Transaction ID: SA11AI.8678
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer Blue Shield of California Occupation employee	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

C.	Full Name (Last, First, Middle Initial) Ruta Britts	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 112060 50 Beale Street	Transaction ID: SA11AI.8679
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20.00
	Name of Employer Blue Shield Occupation employee	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Linda Bronson

Mailing Address emp 114382, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Cross Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8681
Amount of Each Receipt this Period 60.00
Payroll contribution per cycle \$15.00

B. Full Name (Last, First, Middle Initial)
Thomas Brophy

Mailing Address emp 114076, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Cross Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8682
Amount of Each Receipt this Period 80.00
Payroll contribution per cycle \$20.00

C. Full Name (Last, First, Middle Initial)
William Brown

Mailing Address emp 059004, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 555.96

Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8683
Amount of Each Receipt this Period 93.76
Payroll contribution per cycle \$23.44

SUBTOTAL of Receipts This Page (optional) ▶ 233.76

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael-Anne Browne		Date of Receipt
	Mailing Address emp 111514 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8684
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	100.00
		Payroll contribution per cycle \$25.00	

B.	Full Name (Last, First, Middle Initial) Sue Burke		Date of Receipt
	Mailing Address 054016 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8685
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	40.00
		Payroll contribution per cycle \$10.00	

C.	Full Name (Last, First, Middle Initial) Michele Carrillo		Date of Receipt
	Mailing Address emp 112162, 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8687
Name of Employer Blue Shield		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	40.00
		Payroll contribution per cycle \$10.00	

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 59
(check only one)

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

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

A.

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

Mailing Address emp 112821, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 24 / 2008

Transaction ID: SA11AI.8689

Amount of Each Receipt this Period 200.00

Payroll contribution per cycle \$50.00

B.

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

Mailing Address emp 110628
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.61

Date of Receipt 11 / 24 / 2008

Transaction ID: SA11AI.8690

Amount of Each Receipt this Period 53.76

Payroll contribution per cycle \$13.44

C.

Full Name (Last, First, Middle Initial)
Deborah Chase

Mailing Address emp 114029, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2008

Transaction ID: SA11AI.8691

Amount of Each Receipt this Period 80.00

Payroll contribution per cycle \$20.00

SUBTOTAL of Receipts This Page (optional) ► **333.76**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 59
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Denise Ciuffo

Mailing Address emp 054063, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 11 / 24 / 2008

Transaction ID: SA11AI.8692

Amount of Each Receipt this Period 40.00

Payroll contribution per cycle \$10.00

B.

Full Name (Last, First, Middle Initial)
Bruce Cohen

Mailing Address emp 095327, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2008

Transaction ID: SA11AI.8693

Amount of Each Receipt this Period 80.00

Payroll contribution per cycle \$20.00

C.

Full Name (Last, First, Middle Initial)
Vincent Coppola

Mailing Address 115946 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 24 / 2008

Transaction ID: SA11AI.8695

Amount of Each Receipt this Period 120.00

Payroll contribution per cycle \$30.00

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Edward Cymerys		Date of Receipt
	Mailing Address emp 114609, 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code San Francisco CA 94105		<input type="text"/> 1 1 / <input type="text"/> 2 4 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8697
	Name of Employer Blue Shield Occupation employee		Amount of Each Receipt this Period <input type="text"/> 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll contribution per cycle \$100.00	
Aggregate Year-to-Date ▼ <input type="text"/> 2400.00			

B.	Full Name (Last, First, Middle Initial) Susan Deleeuw		Date of Receipt
	Mailing Address 114798 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code San Francisco CA 94105		<input type="text"/> 1 1 / <input type="text"/> 2 4 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8700
	Name of Employer Blue Shield of California Occupation employee		Amount of Each Receipt this Period <input type="text"/> 90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll contribution per cycle \$22.50	
Aggregate Year-to-Date ▼ <input type="text"/> 540.00			

C.	Full Name (Last, First, Middle Initial) Ann DeRose		Date of Receipt
	Mailing Address 113203 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code San Francisco CA 94105		<input type="text"/> 1 1 / <input type="text"/> 2 4 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8701
	Name of Employer Blue Shield of California Occupation employee		Amount of Each Receipt this Period <input type="text"/> 90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll contribution per cycle \$22.50	
Aggregate Year-to-Date ▼ <input type="text"/> 540.00			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 580.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Tushar Desai	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 115087 50 Beale Street	Transaction ID: SA11AI.8702
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer: Blue Shield of California Occupation: employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00	

B.	Full Name (Last, First, Middle Initial) James DiFalco	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 112748 50 Beale Street	Transaction ID: SA11AI.8703
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer: Blue Shield of California Occupation: employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Patricia R. Domenickine	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 111504 50 Beale Street	Transaction ID: SA11AI.8704
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 105.44
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$26.36
	Name of Employer: Blue Shield of California Occupation: Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 626.39	

SUBTOTAL of Receipts This Page (optional)	235.44
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Marjorie Drake	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 56271 50 Beale Street	Transaction ID: SA11AI.8707
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer Blue Shield of California Occupation IFP Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) James Elliott	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 115549 50 Beale Street	Transaction ID: SA11AI.8708
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$100.00
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00	

C.	Full Name (Last, First, Middle Initial) Thomas Epstein	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 110249 50 Beale Street	Transaction ID: SA11AI.8710
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$60.00
	Name of Employer Blue Shield of California Occupation Vice President, Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1440.00	

SUBTOTAL of Receipts This Page (optional)	680.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 59

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Jacqueline Espinoza

Mailing Address 115623
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California employee

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8711

Amount of Each Receipt this Period

90.00

Payroll contribution per cycle \$22.50

B.

Full Name (Last, First, Middle Initial)

Kathryn M. Ferguson

Mailing Address emp 32319
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Employee

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
386.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8712

Amount of Each Receipt this Period

68.00

Payroll contribution per cycle \$17.00

C.

Full Name (Last, First, Middle Initial)

Carol Fogelman

Mailing Address emp 32239
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Employee

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
282.87

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8713

Amount of Each Receipt this Period

52.12

Payroll contribution per cycle \$13.03

SUBTOTAL of Receipts This Page (optional)

210.12

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Joseph Foley		Date of Receipt
	Mailing Address 114742 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8714
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period 47.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.71	Payroll contribution per cycle \$11.90

B.	Full Name (Last, First, Middle Initial) George A Gardner		Date of Receipt
	Mailing Address 115931 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8715
Name of Employer Blue Shield		Occupation Employee	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	Payroll contribution per cycle \$25

C.	Full Name (Last, First, Middle Initial) Mark Gastineau		Date of Receipt
	Mailing Address 115296 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8716
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period 160.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00	Payroll contribution per cycle \$40

SUBTOTAL of Receipts This Page (optional)	307.60
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 59

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert Geyer

Mailing Address emp 42026
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
960.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8719

Amount of Each Receipt this Period

160.00

Payroll contribution per cycle \$40

B.

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

Mailing Address emp 108225
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8720

Amount of Each Receipt this Period

400.00

Payroll contribution per cycle \$100

C.

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

Mailing Address emp 112246
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8721

Amount of Each Receipt this Period

200.00

Payroll contribution per cycle \$50

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Deborah Gordon	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 115621 50 Beale Street	Transaction ID: SA11AI.8722
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00	

B.	Full Name (Last, First, Middle Initial) Christopher Gorecki	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 115257 50 Beale Street	Transaction ID: SA11AI.8723
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Douglas Grant	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 27417 50 Beale Street	Transaction ID: SA11AI.8724
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10
	Name of Employer Blue Shield of California Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	170.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Christy Gregg		Date of Receipt	
	Mailing Address 022233 50 Beale Street		M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.8725
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		90.00	
Name of Employer Blue Shield of California		Occupation employee		Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		540.00		

B.	Full Name (Last, First, Middle Initial) Melissa Hall		Date of Receipt	
	Mailing Address 115540 50 Beale Street		M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.8727
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		90.00	
Name of Employer Blue Shield of California		Occupation employee		Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		540.00		

C.	Full Name (Last, First, Middle Initial) Robert Harjo		Date of Receipt	
	Mailing Address emp 16340 50 Beale Street		M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.8730
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.00	
Name of Employer Blue Shield of California		Occupation Employee		Payroll contribution per cycle \$10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		240.00		

SUBTOTAL of Receipts This Page (optional)	▶	220.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jeffrey Hermosillo		Date of Receipt
	Mailing Address 114845 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.8734
	C		Amount of Each Receipt this Period
		90.00	
Name of Employer Blue Shield of California		Occupation employee	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		540.00	

B.	Full Name (Last, First, Middle Initial) Brent Hitchings		Date of Receipt
	Mailing Address 115569 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.8737
	C		Amount of Each Receipt this Period
		90.00	
Name of Employer Blue Shield of California		Occupation employee	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		540.00	

C.	Full Name (Last, First, Middle Initial) Helena Hoffman		Date of Receipt
	Mailing Address emp 95671 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.8739
	C		Amount of Each Receipt this Period
		44.00	
Name of Employer Blue Shield of California		Occupation Employee	Payroll contribution per cycle \$11
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		264.00	

SUBTOTAL of Receipts This Page (optional)	▶	224.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 59
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Stanford Hornbacher		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 016615 50 Beale Street		Transaction ID: SA11AI.8742
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

B.

Full Name (Last, First, Middle Initial) Diana Huang		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 114587, 50 Beale Street		Transaction ID: SA11AI.8743
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Tony R. Ibarra		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 112981 50 Beale Street		Transaction ID: SA11AI.8745
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	190.00
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 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Marianne Jackson		Date of Receipt
	Mailing Address emp 112372 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8747
Name of Employer Blue Shield of California		Occupation Senior Vice President, Human Resources	Amount of Each Receipt this Period 320.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1691.97	Payroll contribution per cycle \$80

B.	Full Name (Last, First, Middle Initial) Seth Jacobs		Date of Receipt
	Mailing Address emp 16574 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8748
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period 90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	Payroll contribution per cycle \$22.50

C.	Full Name (Last, First, Middle Initial) Kathryn Jefcoat		Date of Receipt
	Mailing Address emp 95114 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8750
Name of Employer Blue Shield of California		Occupation Director	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	Payroll contribution per cycle \$10

SUBTOTAL of Receipts This Page (optional)	450.00
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 26 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael Johnson	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 111769 50 Beale Street	Transaction ID: SA11AI.8751
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 96.76
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$24.19
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 453.81	

B.	Full Name (Last, First, Middle Initial) David Joyner	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 19639 50 Beale Street	Transaction ID: SA11AI.8753
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 160.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$40
	Name of Employer Occupation Blue Shield of California Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

C.	Full Name (Last, First, Middle Initial) Allison Kawamoto	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 094997 50 Beale Street	Transaction ID: SA11AI.8755
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 52.84
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$13.21
	Name of Employer Occupation Blue Shield of California employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.15	

SUBTOTAL of Receipts This Page (optional)	309.60
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Tina Kibler	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 115267 50 Beale Street	Transaction ID: SA11AI.8757
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00

B.	Full Name (Last, First, Middle Initial) Yun Kim	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 109394 50 Beale Street	Transaction ID: SA11AI.8758
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10
	Name of Employer Blue Shield of California Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

C.	Full Name (Last, First, Middle Initial) Heidi Kunz	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 112238 50 Beale Street	Transaction ID: SA11AI.8759
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 471.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$117.75
	Name of Employer Blue Shield of California Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2804.10

SUBTOTAL of Receipts This Page (optional)	601.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 28 / 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Nora Lam
 Mailing Address 015642
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8760
 Amount of Each Receipt this Period 60.00
 Payroll contribution per cycle \$15
 Name of Employer Blue Shield of California Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 360.00
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 Lisa Lambert
 Mailing Address emp 062157, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8761
 Amount of Each Receipt this Period 40.00
 Payroll contribution per cycle \$10
 Name of Employer Blue Shield Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 240.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Janice A Lea
 Mailing Address 112048
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8765
 Amount of Each Receipt this Period 100.00
 Payroll contribution per cycle \$25
 Name of Employer Blue Shield Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 325.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ► 200.00
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 29 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Janice Levinsky		Date of Receipt
	Mailing Address 111653 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8768
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text"/> 60.00
		Payroll contribution per cycle \$15	

B.	Full Name (Last, First, Middle Initial) Laura Lewis		Date of Receipt
	Mailing Address 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8771
Name of Employer Blue Shield of California		Occupation employee # 022384	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	<input type="text"/> 90.00
		Payroll contribution per cycle \$22.50	

C.	Full Name (Last, First, Middle Initial) Anthony Lipp		Date of Receipt
	Mailing Address 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8772
Name of Employer Blue Shield of California		Occupation employee # 004138	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	<input type="text"/> 90.00
		Payroll contribution per cycle \$22.50	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 240.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Louis Lombardo	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 15859 50 Beale Street	Transaction ID: SA11AI.8773
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00	

B.	Full Name (Last, First, Middle Initial) Christopher Long	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 109838 50 Beale Street	Transaction ID: SA11AI.8774
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 72.80
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$18.20
	Name of Employer Blue Shield of California Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 430.10	

C.	Full Name (Last, First, Middle Initial) Melissa Loura	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.8775
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10
	Name of Employer Blue Shield of California Occupation employee # 026790 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	202.80
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 59
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Kathleen M. Lucke		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 111911 50 Beale Street		Transaction ID: SA11AI.8776
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 116.64
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$29.16
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.65	

B.

Full Name (Last, First, Middle Initial) Michael Lujan		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 112179 50 Beale Street		Transaction ID: SA11AI.8778
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Kathleen Lynaugh		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 109411 50 Beale Street		Transaction ID: SA11AI.8779
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional)	336.64
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 59
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Elinor Mackinnon		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 113314, 50 Beale Street		Transaction ID: SA11AI.8780
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.

Full Name (Last, First, Middle Initial) Fred J. Mann		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 61151 50 Beale Street		Transaction ID: SA11AI.8781
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Paul Markovich		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 16510 50 Beale Street		Transaction ID: SA11AI.8782
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 308.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$77
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1848.00	

SUBTOTAL of Receipts This Page (optional)	548.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 59
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Thomas McCaffery		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 115792 50 Beale Street		Transaction ID: SA11AI.8784
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

B.

Full Name (Last, First, Middle Initial) Shelley McFarland		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 061236, 50 Beale Street		Transaction ID: SA11AI.8786
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.12
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$8.53
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.57	

C.

Full Name (Last, First, Middle Initial) Lorie Merrill		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 50 Beale Street		Transaction ID: SA11AI.8787
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Blue Shield of California	Occupation employee # 095447	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

SUBTOTAL of Receipts This Page (optional)	244.12
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David Morris	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.8789
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10
	Name of Employer Blue Shield of California Occupation employee # 114117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Cathleen Murphy	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 113067, 50 Beale Street	Transaction ID: SA11AI.8790
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25
	Name of Employer Blue Shield Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Jon Murphy	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 112151 50 Beale Street	Transaction ID: SA11AI.8791
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 53.92
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$13.48
	Name of Employer Blue Shield of California Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 334.04	

SUBTOTAL of Receipts This Page (optional)	193.92
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Debbie Naegle		Date of Receipt
	Mailing Address emp 16484 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8792
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 804.17	134.76
		Payroll contribution per cycle \$33.69	

B.	Full Name (Last, First, Middle Initial) Paul Nicknig		Date of Receipt
	Mailing Address 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8793
Name of Employer Blue Shield of California		Occupation employee # 112383	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	90.00
		Payroll contribution per cycle \$22.50	

C.	Full Name (Last, First, Middle Initial) Robert Novelli		Date of Receipt
	Mailing Address emp 111112 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 4 / 2 0 0 8
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8794
Name of Employer Blue Shield of California		Occupation Senior Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1728.28	290.28
		Payroll contribution per cycle \$72.57	

SUBTOTAL of Receipts This Page (optional)	515.04
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Christine Orr	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address Employee # 040096 50 Beale Street	Transaction ID: SA11AI.8797
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25
	Name of Employer Occupation Blue Shield of California	Aggregate Year-to-Date 275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Jenni Owens	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 032219 50 Beale Street	Transaction ID: SA11AI.8798
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25
	Name of Employer Occupation Blue Shield of California employee	Aggregate Year-to-Date 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) William Panek	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 18535 50 Beale Street	Transaction ID: SA11AI.8801
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10
	Name of Employer Occupation Blue Shield of California Medical Director	Aggregate Year-to-Date 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kimberley Reed	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 109736 50 Beale Street	Transaction ID: SA11AI.8812
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Julie Reid	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 032370 50 Beale Street	Transaction ID: SA11AI.8813
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Diana Reynolds	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.8815
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$11.25
	Name of Employer Blue Shield of California Occupation employee # 115295 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	245.00
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 38 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kathy Richards	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 109053 50 Beale Street	Transaction ID: SA11AI.8816
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$50
	Name of Employer Occupation Blue Shield of California Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) Mika D. Riedinger	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 27156 50 Beale Street	Transaction ID: SA11AI.8817
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 73.76
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$18.44
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.36	

C.	Full Name (Last, First, Middle Initial) Karen Rinaldi	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 111645 50 Beale Street	Transaction ID: SA11AI.8818
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 51.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$12.75
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.45	

SUBTOTAL of Receipts This Page (optional)	324.76
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Thad Roake		Date of Receipt
	Mailing Address 50 Beale Street		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8819
Name of Employer Blue Shield of California		Occupation employee # 115536	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="3703.68"/>	<input type="text" value="367.28"/>
		Payroll contribution per cycle \$60.57	

B.	Full Name (Last, First, Middle Initial) Julie Roberts		Date of Receipt
	Mailing Address 50 Beale Street		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8820
Name of Employer Blue Shield of California		Occupation employee # 113789	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="40.00"/>
		Payroll contribution per cycle \$10	

C.	Full Name (Last, First, Middle Initial) Norvita Robinson		Date of Receipt
	Mailing Address emp 111723, 50 Beale Street		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8821
Name of Employer Blue Shield		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="40.00"/>
		Payroll contribution per cycle \$10	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="447.28"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 59
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Garry Ronco

Mailing Address 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation employee # 115653

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8822

Amount of Each Receipt this Period 90.00

Payroll contribution per cycle \$22.50

B.

Full Name (Last, First, Middle Initial)
Martha Saafir

Mailing Address 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation employee # 095645

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8823

Amount of Each Receipt this Period 40.00

Payroll contribution per cycle \$10

C.

Full Name (Last, First, Middle Initial)
Mark Sachs

Mailing Address 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation employee # 114287

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8824

Amount of Each Receipt this Period 60.00

Payroll contribution per cycle \$15

SUBTOTAL of Receipts This Page (optional) ► **190.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joseph Safran

Mailing Address emp 109164, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 24 / 2008**

Transaction ID: SA11AI.8825

Amount of Each Receipt this Period **80.00**

Payroll contribution per cycle \$20

B. Full Name (Last, First, Middle Initial)
Richard Salow

Mailing Address 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation employee # 115516

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **435.00**

Date of Receipt **11 / 24 / 2008**

Transaction ID: SA11AI.8826

Amount of Each Receipt this Period **100.00**

Payroll contribution per cycle \$25

C. Full Name (Last, First, Middle Initial)
Derek Schneider

Mailing Address emp 116208
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **11 / 24 / 2008**

Transaction ID: SA11AI.8830

Amount of Each Receipt this Period **100.00**

Payroll contribution per cycle \$25

SUBTOTAL of Receipts This Page (optional) ► **280.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Christopher K. Seides	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 95748 50 Beale Street	Transaction ID: SA11AI.8831
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20
	Name of Employer Blue Shield of California Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 370.00	

B.	Full Name (Last, First, Middle Initial) Jason Sims	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.8833
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15
	Name of Employer Blue Shield of California Occupation employee # 112432 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Deborah Smith	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.8834
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 66.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$16.50
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 396.00	

SUBTOTAL of Receipts This Page (optional)	206.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 59

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Alan Sokolow

Mailing Address 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California employee # 115614

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8835

Amount of Each Receipt this Period

200.00

Payroll contribution per cycle \$50

B.

Full Name (Last, First, Middle Initial)

Robert Spector

Mailing Address emp 114420, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield employee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 489.32

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8838

Amount of Each Receipt this Period

83.12

Payroll contribution per cycle \$20.78

C.

Full Name (Last, First, Middle Initial)

Nancy Stalker

Mailing Address emp 16479
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Vice President, Pharmacy Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8840

Amount of Each Receipt this Period

120.00

Payroll contribution per cycle \$30

SUBTOTAL of Receipts This Page (optional) ▶

403.12

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 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert F. Stephenson	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 32257 50 Beale Street	Transaction ID: SA11AI.8841
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Susan Stephenson	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 109942, 50 Beale Street	Transaction ID: SA11AI.8842
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10
	Name of Employer Occupation Blue Shield employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Terrance Stover	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.8844
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Occupation Blue Shield of California employee # 115522	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

SUBTOTAL of Receipts This Page (optional)	▶	170.00
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 45 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kimberly Streit	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 095254 50 Beale Street	Transaction ID: SA11AI.8845
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Malcolm Strohson Jr.	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.8846
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation employee # 115599 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00	

C.	Full Name (Last, First, Middle Initial) Preddis Sullivan	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 115476 50 Beale Street	Transaction ID: SA11AI.8847
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	290.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 59
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Lyle Swallow		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 18612 50 Beale Street		Transaction ID: SA11AI.8848
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Blue Shield of California	Occupation Counsel	Payroll contribution per cycle \$75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1415.00	

B.

Full Name (Last, First, Middle Initial) James Taylor		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 112237, 50 Beale Street		Transaction ID: SA11AI.8849
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Eric Terndrup		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 114199 50 Beale St.		Transaction ID: SA11AI.8850
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 113.56
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$28.39
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 655.21	

SUBTOTAL of Receipts This Page (optional)	453.56
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 47 / 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ryan Thompson

Mailing Address emp 114592, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: SA11AI.8852

Amount of Each Receipt this Period 60.00

Payroll contribution per cycle \$15

B. Full Name (Last, First, Middle Initial)
Dennis M. Toohey

Mailing Address emp 113255
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: SA11AI.8853

Amount of Each Receipt this Period 20.00

Payroll contribution per cycle \$10

C. Full Name (Last, First, Middle Initial)
Joanne Trenam

Mailing Address emp 020511, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: SA11AI.8856

Amount of Each Receipt this Period 40.00

Payroll contribution per cycle \$10

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 48 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Margaret Trevor	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address emp 115606 50 Beale Street	Transaction ID: SA11AI.8857
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25
	Name of Employer Occupation Blue Shield of California employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Robert Veeneman	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.8860
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$100
	Name of Employer Occupation Blue Shield of California employee # 095413	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2216.63	

C.	Full Name (Last, First, Middle Initial) Karen Vigil	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.8862
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$50
	Name of Employer Occupation Blue Shield of California employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 59
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Robert Wadsworth		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 18560 50 Beale Street		Transaction ID: SA11AI.8865
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

B.

Full Name (Last, First, Middle Initial) Troy Ward		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 50 Beale Street		Transaction ID: SA11AI.8866
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Blue Shield of California	Occupation employee # 114007	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

C.

Full Name (Last, First, Middle Initial) Diane Watts		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 113379, 50 Beale Street		Transaction ID: SA11AI.8867
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	290.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 59
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Mark Weideman		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 114691 50 Beale St		Transaction ID: SA11AI.8868
City State Zip Code San Francisco CA 94105	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 160.00
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

B.

Full Name (Last, First, Middle Initial) Bonnie Wells		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address emp 113298 50 Beale Street		Transaction ID: SA11AI.8869
City State Zip Code San Francisco CA 94105	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Noel Whitman		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 50 Beale Street		Transaction ID: SA11AI.8872
City State Zip Code San Francisco CA 94105	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 90.00
Name of Employer Blue Shield fo California	Occupation employee # 114963	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

SUBTOTAL of Receipts This Page (optional)	290.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 59
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Ms Janet D. Widmann</p> <p>Mailing Address emp 111756 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield of California Employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 720.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 24 / 2008</p> <p>Transaction ID: SA11AI.8873</p> <p>Amount of Each Receipt this Period 120.00</p> <p>Payroll contribution per cycle \$30</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Ms Fiona M. Wilmot</p> <p>Mailing Address emp 111587 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield of California Employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 469.56</p>	<p>Date of Receipt MM / DD / YYYY 11 / 24 / 2008</p> <p>Transaction ID: SA11AI.8875</p> <p>Amount of Each Receipt this Period 78.76</p> <p>Payroll contribution per cycle \$19.69</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Jered Wilson</p> <p>Mailing Address 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield of California employee # 115412</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 540.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 24 / 2008</p> <p>Transaction ID: SA11AI.8876</p> <p>Amount of Each Receipt this Period 90.00</p> <p>Payroll contribution per cycle \$22.50</p>
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SUBTOTAL of Receipts This Page (optional)	288.76
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 52 / 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address emp 109914
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8877
Amount of Each Receipt this Period 40.00
Payroll contribution per cycle \$10

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

Mailing Address emp 112700, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8880
Amount of Each Receipt this Period 40.00
Payroll contribution per cycle \$10

C. Full Name (Last, First, Middle Initial)
Amy Yao

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation employee #115363

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 697.50

Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8882
Amount of Each Receipt this Period 120.00
Payroll contribution per cycle \$30

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 53 / 59	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) John S. Yao		Date of Receipt																					
Mailing Address 50 Beale Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	4	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	4	/	2	0	0	8														
City	State	Zip Code	Transaction ID: SA11AI.8883																				
San Francisco	CA	94105	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	90.00																				
Name of Employer Blue Shield of California	Occupation employee # 111926		Payroll contribution per cycle \$22.50																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.50																						

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	14849.44

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name ANNA ESHOO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8901</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Mailing Address 8665 Wilshire Blvd. #220</p> <p>City Beverly Hills State CA Zip Code 90211</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8898</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DREIER FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. BOX 505</p> <p>City UPLAND State CA Zip Code 91785</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name DREIER FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.8889</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL <hr/> Mailing Address P.O. Box 101124 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement 2008 General Candidate Name FRIENDS OF RAHM EMANUEL <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8895 Date of Disbursement 10 / 20 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRESS <hr/> Mailing Address PO BOX 112 <hr/> City BURLINGAME State CA Zip Code 94011 <hr/> Purpose of Disbursement 2008 General Candidate Name JACKIE SPEIER FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8890 Date of Disbursement 10 / 20 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS <hr/> Mailing Address 4590 Macarthur Boulevard Suite 500 <hr/> City Newport Beach State CA Zip Code 92660 <hr/> Purpose of Disbursement 2008 General Candidate Name JOHN CAMPBELL FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8899 Date of Disbursement 10 / 20 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

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

<p>A. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE</p> <p>Mailing Address 425 SECOND STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name NATIONAL REPUBLICAN SENATORIAL COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.8907</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE</p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name PETE STARK RE-ELECTION COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 13</p>	<p>Transaction ID: SB23.8905</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SEARCHLIGHT LEADERSHIP FUND</p> <p>Mailing Address 426 C Street, NE Rear Building</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name SEARCHLIGHT LEADERSHIP FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.8892</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) UDALL FOR US ALL		Transaction ID: SB23.8886	
	Mailing Address 303 Massachusetts Ave., NE		Date of Disbursement 10 / 20 / 2008	
	City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2008 General		Category/ Type	
	Candidate Name UDALL FOR US ALL			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: NM	District: 00		

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

23500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Bank, Fees <hr/> Mailing Address 345 Montgomery Street <hr/> City San Francisco State CA Zip Code 94101 <hr/> Purpose of Disbursement Account Analysis Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8910 Date of Disbursement 10 / 16 / 2008
	Amount of Each Disbursement this Period 23.02
B. Full Name (Last, First, Middle Initial) Bank, Fees <hr/> Mailing Address 345 Montgomery Street <hr/> City San Francisco State CA Zip Code 94101 <hr/> Purpose of Disbursement Account Analysis Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.8911 Date of Disbursement 11 / 17 / 2008
	Amount of Each Disbursement this Period 30.21

SUBTOTAL of Disbursements This Page (optional) ▶

53.23

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

53.23