

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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 Emily Glidden

Signature of Treasurer Emily Glidden [Electronically Filed] Date 07 / 29 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="117832.43"/>	<input type="text" value="117832.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="117832.43"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="85743.14"/>	<input type="text" value="85743.14"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="203575.57"/>	<input type="text" value="203575.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="64493.71"/>	<input type="text" value="64493.71"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="139081.86"/>	<input type="text" value="139081.86"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	69882.96	69882.96
(ii) Unitemized .....	15860.18	15860.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	85743.14	85743.14
(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) .....	85743.14	85743.14
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	85743.14	85743.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	85743.14	85743.14

**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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64400.00	64400.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	93.71	93.71
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	64493.71	64493.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64493.71	64493.71

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	85743.14	85743.14
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	85743.14	85743.14
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 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dennis Alva**

Mailing Address emp xx9311  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11Al.16711

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

Full Name (Last, First, Middle Initial)  
**B. Robert T Amland II**

Mailing Address 50 Beale Street  
employee# xx5875

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11Al.16713

Amount of Each Receipt this Period  
260.00

Payroll contribution per cycle \$20.00

Full Name (Last, First, Middle Initial)  
**C. Cyrus J Aram**

Mailing Address Employee# xx8445  
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 CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11Al.16714

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 910.00

**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 7 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Siamak Ayoubpour**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx0962  
 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 CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16715**  
 Amount of Each Receipt this Period  
 325.00  
 Payroll contribution per cycle \$25.00

**B. Terri J. Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx1950, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16718**  
 Amount of Each Receipt this Period  
 351.00  
 Payroll contribution per cycle \$27.00

**C. Phillip B Baldi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx6202  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16719**  
 Amount of Each Receipt this Period  
 325.00  
 Payroll contribution per cycle \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1001.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 69
	<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. Tanya Ballow**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx8347  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.50

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16720

Amount of Each Receipt this Period  
292.50

Payroll contribution per cycle \$22.50

**B. Richard A Barlesi**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx3857  
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 CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16722

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

**C. Tracy Barnes**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx2076  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16723

Amount of Each Receipt this Period  
650.00

Payroll contribution per cycle \$50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1176.50

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David A. Battin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee #xx4657  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16727**  
 Amount of Each Receipt this Period  
**260.00**  
 Payroll contribution per cycle \$20.00

**B. Kimberly Beller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx5254  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Sr. Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16731**  
 Amount of Each Receipt this Period  
**325.00**  
 Payroll contribution per cycle \$25.00

**C. Melinda Bergstrom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx2057  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16732**  
 Amount of Each Receipt this Period  
**260.00**  
 Payroll contribution per cycle \$20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>845.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 69
	<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. Michael Beuoy**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# 5248  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16733

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

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

Mailing Address Employee#xx1919  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16734

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

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

Mailing Address Employee# xx1927  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16735

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Wendy Boul</b>		Date of Receipt
Mailing Address Employee# xx0289 50 Beale Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.16738</b>
Name of Employer Blue Shield of CA		Amount of Each Receipt this Period <input type="text" value="234.00"/>
Occupation Director		Payroll contribution per cycle \$18.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="234.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Madeline Brane</b>		Date of Receipt
Mailing Address emp xx5281 50 Beale street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City San Francisco	State CA	Zip Code 94121
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.16740</b>
Name of Employer Blue Shield of California		Amount of Each Receipt this Period <input type="text" value="234.00"/>
Occupation Senior Manager		Payroll contribution per cycle \$18.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="234.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Carlo Braza</b>		Date of Receipt
Mailing Address emp xx1673 50 Beale street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.16741</b>
Name of Employer Blue Shield of California		Amount of Each Receipt this Period <input type="text" value="234.00"/>
Occupation Senior Manager		Payroll contribution per cycle \$18.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="234.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="702.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 69
	<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. Ruta Britls**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx2060  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16743**

Amount of Each Receipt this Period  
260.00

Payroll contribution per cycle \$20.00

**B. Laverne A Brizendine**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx6076  
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 Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16744**

Amount of Each Receipt this Period  
390.00

Payroll contribution per cycle \$30.00

**C. Nicole Brooks**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx7380  
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 CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16745**

Amount of Each Receipt this Period  
260.00

Payroll contribution per cycle \$20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 910.00

**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 13 OF 69
	<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. Thomas Brophy**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx4076, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Cross Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **715.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11Al.16746**

Amount of Each Receipt this Period  
**715.00**

Payroll contribution per cycle \$55.00

**B. Paul Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp #xx0647  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11Al.16747**

Amount of Each Receipt this Period  
**325.00**

Payroll contribution per cycle \$25.00

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

Mailing Address Employee# xx5991  
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 CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11Al.16748**

Amount of Each Receipt this Period  
**325.00**

Payroll contribution per cycle \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1365.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. William Brown</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11Al.16749</b>
Mailing Address emp xx9004, 50 Beale Street		Amount of Each Receipt this Period 411.32
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$31.64
Name of Employer Blue Shield	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 411.32	

Full Name (Last, First, Middle Initial) <b>B. Catherine Campbell</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11Al.16751</b>
Mailing Address Employee# xx0969 50 Beale Street		Amount of Each Receipt this Period 585.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$45.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>C. Elena Casserly</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11Al.16752</b>
Mailing Address Employee #xx6221 50 Beale St.,		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1321.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 69
	<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. Adriel Casulo**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx6492  
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 CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16755**

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

**B. David Cates**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8886  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16756**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**C. Andrew Chasin**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx8020  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
910.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16758**

Amount of Each Receipt this Period  
910.00

Payroll contribution per cycle \$70.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1469.00

**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 16 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Luke Cirkovic</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16763</b>
Mailing Address Emp# xx5375 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael Dahlem</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16767</b>
Mailing Address Emp# xx1109 50 Beale Street		Amount of Each Receipt this Period 1300.00 Payroll contribution per cycle \$100.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1300.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Carla M Dailey</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16768</b>
Mailing Address Emp# xx0442 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 69
	<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. Shannon Datcher**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx7287  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11Al.16769

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**B. Andrea D. DeBerry**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx1594  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11Al.16771

Amount of Each Receipt this Period  
390.00

Payroll contribution per cycle \$30.00

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

Mailing Address Employee# xx0621  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Consultant Lead

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11Al.16772

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 949.00

**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 18 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Kenny Deng**

Mailing Address emp xx6299  
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 VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11Al.16773

Amount of Each Receipt this Period  
225.00

Payroll contribution per cycle \$25.00

Full Name (Last, First, Middle Initial)  
**B. Ann DeRose**

Mailing Address emp xx3203  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.50

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11Al.16774

Amount of Each Receipt this Period  
292.50

Payroll contribution per cycle \$22.50

Full Name (Last, First, Middle Initial)  
**C. Renee Devine**

Mailing Address Emp# xx0495  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11Al.16775

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 751.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Rajkumar Dharmer**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8261  
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 CA Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015  
**Transaction ID : SA11AI.16776**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

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

Mailing Address Employee# xx8612  
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 CA Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015  
**Transaction ID : SA11AI.16777**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**C. Edward A Diver**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8790  
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 CA VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015  
**Transaction ID : SA11AI.16778**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 975.00

**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 20 OF 69
	<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. Linda Dowsett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emp xx4382  
 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 CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16780**  
 Amount of Each Receipt this Period  
 325.00  
 Payroll contribution per cycle \$25.00

**B. Jacqueline Ejuwa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee #xx3113  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16783**  
 Amount of Each Receipt this Period  
 455.00  
 Payroll contribution per cycle \$35.00

**C. James Elliott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx5549  
 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 VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16784**  
 Amount of Each Receipt this Period  
 585.00  
 Payroll contribution per cycle \$45.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Michael Ellis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx2404  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11Al.16785**  
 Amount of Each Receipt this Period  
 260.00  
 Payroll contribution per cycle \$20.00

**B. Thomas Epstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx0249  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Vice President, Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11Al.16786**  
 Amount of Each Receipt this Period  
 1170.00  
 Payroll contribution per cycle \$90.00

**C. Kathryn M. Ferguson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx2319  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11Al.16788**  
 Amount of Each Receipt this Period  
 221.00  
 Payroll contribution per cycle \$17.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1651.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Laura Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx1784  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **234.00**

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16789**  
 Amount of Each Receipt this Period  
**234.00**  
 Payroll contribution per cycle \$18.00

**B. Hugo Florez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx1071  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **234.00**

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16790**  
 Amount of Each Receipt this Period  
**234.00**  
 Payroll contribution per cycle \$18.00

**C. Carol Fogelman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx2239  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.81**

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16791**  
 Amount of Each Receipt this Period  
**225.81**  
 Payroll contribution per cycle \$17.37

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>693.81</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 69
	<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. Dawn Fortino**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8687  
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 CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16792**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**B. Michael Gebhart**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx7244  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16794**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**C. Devin Gensch**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx4081  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16795**

Amount of Each Receipt this Period  
364.00

Payroll contribution per cycle \$28.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1014.00

**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 24 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Diana G Gibson Pace</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16796</b>
Mailing Address Employee# xx0252 50 Beale Street		Amount of Each Receipt this Period 455.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$35.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

Full Name (Last, First, Middle Initial) <b>B. Ketan Gima</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16799</b>
Mailing Address emp xx2246 50 Beale Street		Amount of Each Receipt this Period 975.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$75.00
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 ▼ 975.00	

Full Name (Last, First, Middle Initial) <b>C. Celia Gonzales</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16801</b>
Mailing Address Employee# xx5859 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1664.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Kirsten Gorsuch</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16803</b>
Mailing Address Emp# xx1231 50 Beale Street		Amount of Each Receipt this Period 800.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$100.00
Name of Employer Blue Shield of CA	Occupation Sr VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Christy Gregg</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16805</b>
Mailing Address emp xx2233 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of California	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Raul E Guerridos</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16807</b>
Mailing Address Emp# xx2698 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1359.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 69
	<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. Naveen Gupta**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx1448  
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 CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16808

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**B. Heather Hawker**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx3628, 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 Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16814

Amount of Each Receipt this Period  
210.00

Payroll contribution per cycle \$30.00

**C. Michelle M Hawkins**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx4936  
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 CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16815

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 860.00

**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 27 OF 69
	<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. Michael Heuer**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx1557  
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 CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16819

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**B. Larry Hilty**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx9314  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16821

Amount of Each Receipt this Period  
390.00

Payroll contribution per cycle \$30.00

**C. Louis Hirsh**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx9409  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.50

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16822

Amount of Each Receipt this Period  
292.50

Payroll contribution per cycle \$22.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1007.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Brent Hitchings</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16824</b>
Mailing Address emp xx5569 50 Beale Street		Amount of Each Receipt this Period 585.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$45.00	
Name of Employer Blue Shield of California	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>B. Judith Ho</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16825</b>
Mailing Address Employee# xx9612 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Hobart</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16827</b>
Mailing Address Employee #xx6684 50 Beale Street		Amount of Each Receipt this Period 520.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$40.00	
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1339.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 69
	<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. Patricia Hoffman**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx0479  
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 CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16829

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

**B. Stanford Hornbacher**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx6615  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of Callifornia Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.50

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16833

Amount of Each Receipt this Period  
292.50

Payroll contribution per cycle \$22.50

**C. Janis Hoyt**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx1221  
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 CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16834

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 851.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Thomas Hurd</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16837</b>
Mailing Address Employee #xx6366 50 Beale Street		Amount of Each Receipt this Period 390.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$30.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B. Emmet Jacobs</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16841</b>
Mailing Address Employee# xx8368 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. Seth Jacobs</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16842</b>
Mailing Address emp xx6574 50 Beale Street		Amount of Each Receipt this Period 910.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$70.00
Name of Employer Blue Shield of California	Occupation Sr. VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1534.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 69
	<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. George Jaresko**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx5244  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16843

Amount of Each Receipt this Period  
260.00

Payroll contribution per cycle \$20.00

**B. Carrie Jensen-Badaa**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx1601  
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 CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16844

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**C. Lorie Johns**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx5447  
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
247.50

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16845

Amount of Each Receipt this Period  
247.50

Payroll contribution per cycle \$22.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 832.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 69
	<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. Ravi Kalaga**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx7255  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16852

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

**B. Syng Karrobi**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx4555  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16854

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**C. Aaron Kaufman**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx1040  
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 CA Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16855

Amount of Each Receipt this Period  
420.00

Payroll contribution per cycle \$70.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 979.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Pradip Khemani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee #xx7222  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16857**  
 Amount of Each Receipt this Period  
 455.00  
 Payroll contribution per cycle \$35.00

**B. Tina Kibler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx5267  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Name of Employer Blue Shield of California Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16858**  
 Amount of Each Receipt this Period  
 845.00  
 Payroll contribution per cycle \$65.00

**C. Andrew Kiefer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee #xx8277  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Name of Employer Blue Shield of CA Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16859**  
 Amount of Each Receipt this Period  
 715.00  
 Payroll contribution per cycle \$55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2015.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Keith Kim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee #xx5487  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16860**  
 Amount of Each Receipt this Period  
 455.00  
 Payroll contribution per cycle \$35.00

**B. Bonnie Kitson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx2382  
 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 CA Occupation Sr. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16865**  
 Amount of Each Receipt this Period  
 234.00  
 Payroll contribution per cycle \$18.00

**C. Mark Klopfer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx2417  
 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 CA Occupation Head of Talent Acquisition  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16867**  
 Amount of Each Receipt this Period  
 234.00  
 Payroll contribution per cycle \$18.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	923.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 69
	<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. Carmelo Lattuca**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx1279  
50 Beale street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11Al.16875**

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

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

Mailing Address 50 Beale Street  
employee #xx2384

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.50

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11Al.16876**

Amount of Each Receipt this Period  
292.50

Payroll contribution per cycle \$22.50.00

**C. Ruth Liu**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8903  
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 CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11Al.16878**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 851.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 69
	<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. Louis Lombardo**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx5859  
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 VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.50

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16879

Amount of Each Receipt this Period  
292.50

Payroll contribution per cycle \$22.50

**B. Analisa Luippold**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx6832  
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16881

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**C. Alison Lum**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8386  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16882

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 942.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 69
	<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. Amy Lung**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx1506  
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 Sr. Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16883

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

**B. Kathleen Lynaugh**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx9411  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16884

Amount of Each Receipt this Period  
520.00

Payroll contribution per cycle \$40.00

**C. Gobi Madivanan**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx0465  
50 Beale street

City San Francisco State CA Zip Code 94121

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16885

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 988.00

**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 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Manish Malhotra</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16886</b>
Mailing Address Employee# xx1482 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	Payroll contribution per cycle \$18.00

Full Name (Last, First, Middle Initial) <b>B. Michael S Mallory</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16887</b>
Mailing Address Employee# xx8387 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
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 \$25.00

Full Name (Last, First, Middle Initial) <b>C. Paul Markovich</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16888</b>
Mailing Address emp xx6510 50 Beale Street		Amount of Each Receipt this Period 1300.00
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 President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	Payroll contribution per cycle \$100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1859.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 69
	<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. Thomas Marshall**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8149  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16889

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

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

Mailing Address emp xx5792  
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 VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16890

Amount of Each Receipt this Period  
390.00

Payroll contribution per cycle \$30.00

**C. Jessica A McCarthy**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx7123  
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 CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16891

Amount of Each Receipt this Period  
520.00

Payroll contribution per cycle \$40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Glen McDonald</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16892</b>
Mailing Address Employee# xx1520 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	Payroll contribution per cycle \$18.00

Full Name (Last, First, Middle Initial) <b>B. William McQueen</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16895</b>
Mailing Address Employee #xx5076 50 Beale St.,		Amount of Each Receipt this Period 390.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	Payroll contribution per cycle \$30.00

Full Name (Last, First, Middle Initial) <b>C. Andrea Minarcin</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16897</b>
Mailing Address 50 Beale Street employee #xx4753		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	Payroll contribution per cycle \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	949.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 69
	<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. Kristen Miranda**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx3904, 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 VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16898**

Amount of Each Receipt this Period  
**650.00**

Payroll contribution per cycle \$50.00

**B. Myra Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx1294  
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 CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16900**

Amount of Each Receipt this Period  
**325.00**

Payroll contribution per cycle \$25.00

**C. Stephanie Morimoto**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx0769  
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 CA Occupation Assoc. General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16901**

Amount of Each Receipt this Period  
**520.00**

Payroll contribution per cycle \$40.00

**SUBTOTAL** of Receipts This Page (optional)..... **1495.00**

**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 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mary E Muller</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16903</b>
Mailing Address Emp# xx0983 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 325.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jon Murphy</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16904</b>
Mailing Address emp xx2151 50 Beale Street		Amount of Each Receipt this Period 320.06 Payroll contribution per cycle \$24.62
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 320.06
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Murray</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16905</b>
Mailing Address Employee# xx1032 50 Beale Street		Amount of Each Receipt this Period 780.00 Payroll contribution per cycle \$60.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 780.00
Name of Employer Blue Shield of CA	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1425.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 69
	<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. Michael O'Neil**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8692  
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 CA VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015  
**Transaction ID : SA11AI.16911**

Amount of Each Receipt this Period  
650.00

Payroll contribution per cycle \$50.00

**B. Timothy O'Neill**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8459  
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 CA Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015  
**Transaction ID : SA11AI.16912**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

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

Mailing Address Employee# xx1761  
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 CA Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015  
**Transaction ID : SA11AI.16909**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 69
	<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. Terese Odette**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx7096  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11Al.16910**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**B. Evgenia Opet**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx8318  
50 Beale street

City San Francisco State CA Zip Code 94121

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11Al.16913**

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

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

Mailing Address emp xx8535  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11Al.16917**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 69
	<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. Armine Papouchian-Kulinski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee #xx5680  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16918**  
 Amount of Each Receipt this Period  
 520.00  
 Payroll contribution per cycle \$40.00

**B. Julie Person**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx2450  
 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 CA Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16922**  
 Amount of Each Receipt this Period  
 585.00  
 Payroll contribution per cycle \$45.00

**C. Alice Raia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx7898  
 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 CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16926**  
 Amount of Each Receipt this Period  
 280.00  
 Payroll contribution per cycle \$40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1385.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Alison Ramey</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16927</b>
Mailing Address Employee# xx2396 50 Beale Street		Amount of Each Receipt this Period 216.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Full Name (Last, First, Middle Initial) <b>B. Anchulee J Raongthum</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16928</b>
Mailing Address Emp# xx6257 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. Eric Rasmussen</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16930</b>
Mailing Address 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
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 ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Brett Robinson</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16937</b>
Mailing Address Employee #xx7680 50 Beale Street		Amount of Each Receipt this Period 260.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Norvita Robinson</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16938</b>
Mailing Address emp xx1723, 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Suzanne Rumsey</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16940</b>
Mailing Address Employee# xx1333 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 69
	<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. Cynthia Russell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emp# xx0497  
 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 CA Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16941**  
 Amount of Each Receipt this Period  
**325.00**  
 Payroll contribution per cycle \$25.00

**B. Lina Saadzi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx5649  
 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 CA Occupation VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16942**  
 Amount of Each Receipt this Period  
**325.00**  
 Payroll contribution per cycle \$25.00

**C. Joseph Safran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx9164, 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 Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16943**  
 Amount of Each Receipt this Period  
**260.00**  
 Payroll contribution per cycle \$20.00

**SUBTOTAL** of Receipts This Page (optional)..... **910.00**  
**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 49 OF 69
	<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. Lauri Satterwhaite**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx9223  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16947**  
 Amount of Each Receipt this Period  
**260.00**  
 Payroll contribution per cycle \$20.00

**B. Dianna H Saunders**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee # xx4587  
 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 CA Occupation Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16948**  
 Amount of Each Receipt this Period  
**260.00**  
 Payroll contribution per cycle \$20.00

**C. Michael Sheils**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx5617  
 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 CA Occupation VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **585.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16957**  
 Amount of Each Receipt this Period  
**585.00**  
 Payroll contribution per cycle \$45.00

**SUBTOTAL** of Receipts This Page (optional)..... **1105.00**  
**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 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Danny Shen**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx2954  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16959**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**B. Michelle Y Shih**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx6919  
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 CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16961**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**C. Stephen Shivinsky**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8369  
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 CA Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16962**

Amount of Each Receipt this Period  
520.00

Payroll contribution per cycle \$40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1170.00

**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 51 OF 69
	<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. Michelle A Simpson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx7706  
 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 CA Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16965**  
 Amount of Each Receipt this Period  
 325.00  
 Payroll contribution per cycle \$25.00

**B. Jeffrey Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx7922  
 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 CA Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16966**  
 Amount of Each Receipt this Period  
 325.00  
 Payroll contribution per cycle \$25.00

**C. Gilbert Solomon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx1700  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11AI.16967**  
 Amount of Each Receipt this Period  
 599.95  
 Payroll contribution per cycle \$46.15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1249.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 69
	<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. Neil A Solomon**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx1034  
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 CA Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16968**

Amount of Each Receipt this Period  
585.00

Payroll contribution per cycle \$45.00

**B. Robert Spector**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx4420, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.56

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16970**

Amount of Each Receipt this Period  
833.56

Payroll contribution per cycle \$64.12

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

Mailing Address emp xx6479  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16974**

Amount of Each Receipt this Period  
280.00

Payroll contribution per cycle \$40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1698.56

**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: (check only one)	PAGE 53 OF 69
	<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. Mary C. St John**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx5485  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11Al.16977**  
 Amount of Each Receipt this Period  
 455.00  
 Payroll contribution per cycle \$35.00

**B. Malcolm Strohson Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Beale Street  
 employee #xx5599  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 318.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11Al.16978**  
 Amount of Each Receipt this Period  
 318.50  
 Payroll contribution per cycle \$24.50

**C. Michael Stuart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx2061  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Supervisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11Al.16979**  
 Amount of Each Receipt this Period  
 585.00  
 Payroll contribution per cycle \$45.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1358.50  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 69
	<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. Sarah Summer**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx1535  
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 Sr. Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16980**

Amount of Each Receipt this Period  
364.00

Payroll contribution per cycle \$28.00

**B. Jayne W Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx5713  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16983**

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**C. Eric Terndrup**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx4199  
50 Beale St.

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
429.26

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.16986**

Amount of Each Receipt this Period  
429.26

Payroll contribution per cycle \$33.02

**SUBTOTAL** of Receipts This Page (optional).....▶ 1118.26

**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 55 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Antoinette Terrana</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16987</b>
Mailing Address Employee# xx1496 50 Beale Street		Amount of Each Receipt this Period 300.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Jon M Tholen</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16988</b>
Mailing Address Emp# xx1408 50 Beale Street		Amount of Each Receipt this Period 585.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$45.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>C. Nels M Thygeson</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16990</b>
Mailing Address Employee# xx8616 50 Beale Street		Amount of Each Receipt this Period 715.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$55.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Cassidy Tsay</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16994</b>
Mailing Address Employee# xx2119 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Regina A Ullom</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16996</b>
Mailing Address Emp# xx5624 50 Beale Street		Amount of Each Receipt this Period 234.00 Payroll contribution per cycle \$18.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. Devon M Valencia</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.16998</b>
Mailing Address Emp# xx2459 50 Beale Street		Amount of Each Receipt this Period 585.00 Payroll contribution per cycle \$45.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 69
	<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. Jukka Valkonen**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx0287  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.16999

Amount of Each Receipt this Period  
216.00

Payroll contribution per cycle \$18.00

**B. Sailesh Varma**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx1286  
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 CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.17004

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**C. Anjali Vichare**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx1223  
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 CA Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11AI.17006

Amount of Each Receipt this Period  
585.00

Payroll contribution per cycle \$45.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1126.00

**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 58 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Deborah Voge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx0804  
 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 Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.17008**  
 Amount of Each Receipt this Period  
 234.00  
 Payroll contribution per cycle \$18.00

**B. Todd Walthall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx2537  
 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 CA Occupation SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.17012**  
 Amount of Each Receipt this Period  
 910.00  
 Payroll contribution per cycle \$70.00

**C. Diane Watts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx3379, 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 Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.17013**  
 Amount of Each Receipt this Period  
 520.00  
 Payroll contribution per cycle \$40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1664.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mark Weideman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx4691  
 50 Beale St  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield Occupation VP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2015  
**Transaction ID : SA11AI.17043**  
 Amount of Each Receipt this Period  
 1000.00  
 Manual contribution

**B. Darrin Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx8661  
 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 CA Occupation VP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 585.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.17017**  
 Amount of Each Receipt this Period  
 585.00  
 Payroll contribution per cycle \$45.00

**C. Kathleen Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emp# xx8546  
 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 CA Occupation Sr. Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.17018**  
 Amount of Each Receipt this Period  
 390.00  
 Payroll contribution per cycle \$30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1975.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ray Wengender**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emp# xx1054  
 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 CA Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **390.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.17019**  
 Amount of Each Receipt this Period  
**390.00**  
 Payroll contribution per cycle \$30.00

**B. Jacqueline Wetzel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emp# xx1262  
 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 CA Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.17020**  
 Amount of Each Receipt this Period  
**225.00**  
 Payroll contribution per cycle \$25.00

**C. Jayne Whitelaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee #xx5978  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.17021**  
 Amount of Each Receipt this Period  
**325.00**  
 Payroll contribution per cycle \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>940.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms Janet D. Widmann</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.17022</b>
Mailing Address emp xx1756 50 Beale Street		Amount of Each Receipt this Period 900.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$75.00
Name of Employer Blue Shield of California	Occupation Sr. VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. Bryce Williams</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.17024</b>
Mailing Address Employee# xx8031 50 Beale Street		Amount of Each Receipt this Period 585.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$45.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>C. Ira Wing</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.17027</b>
Mailing Address Employee# xx2918 50 Beale Street		Amount of Each Receipt this Period 260.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1745.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 62 OF 69  
(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**

Full Name (Last, First, Middle Initial)  
**A. Salina Wong**

Mailing Address Emp# xx3056  
 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 CA Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11Al.17031**

Amount of Each Receipt this Period  
 325.00

Payroll contribution per cycle \$25.00

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

Mailing Address emp xx6494  
 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 Chief Operating Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1300.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11Al.17032**

Amount of Each Receipt this Period  
 1300.00

Payroll contribution per cycle \$100.00

Full Name (Last, First, Middle Initial)  
**C. Christine Woodside**

Mailing Address Employee# xx5513  
 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 CA Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11Al.17033**

Amount of Each Receipt this Period  
 325.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1950.00

**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 63 OF 69
	<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. Winnie Yang**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx7578  
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 CA Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015  
**Transaction ID : SA11AI.17035**

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

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

Mailing Address 50 Beale Street  
employee# xx5363

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 VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015  
**Transaction ID : SA11AI.17036**

Amount of Each Receipt this Period  
455.00

Payroll contribution per cycle \$35.00

**C. Marcus Zimmerling**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx5374  
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 CA Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015  
**Transaction ID : SA11AI.17040**

Amount of Each Receipt this Period  
234.00

Payroll contribution per cycle \$18.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	923.00
<b>TOTAL</b> This Period (last page this line number only).....▶	69882.96

**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**

Full Name (Last, First, Middle Initial)

**A. BENNET FOR COLORADO**

Mailing Address 1900 GRANT STREET SUITE 1170

City DENVER State CO Zip Code 80203

Purpose of Disbursement  
2015 Primary Contribution

Candidate Name

**BENNET FOR COLORADO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : **SB23.16697**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BLUEPAC - BCBSA PAC**

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
2015 Contribution

Candidate Name

**BLUEPAC - BCBSA PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

Transaction ID : **SB23.16704**

Amount of Each Disbursement this Period

17500.00

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC CONG. CAMPAIGN COMM.**

Mailing Address 430 South Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

Candidate Name

**DEMOCRATIC CONG. CAMPAIGN COMM.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: DC District: 00

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

Transaction ID : **SB23.16706**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

25000.00

**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**

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC SEN. CAMPAIGN COMMITTEE**

Mailing Address 120 MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
2015 Contribution

Candidate Name

**DEMOCRATIC SEN. CAMPAIGN COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: DC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

**Transaction ID : SB23.16703**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement  
2015 Primary Contribution

Candidate Name

**DEVIN NUNES CAMPAIGN COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

**Transaction ID : SB23.16696**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MARK WARNER**

Mailing Address 1029 NORTH ROYAL STREET 2ND FL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
2015 Primary

Candidate Name

**FRIENDS OF MARK WARNER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: VA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	5

**Transaction ID : SB23.16707**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	2	5	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
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**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**

Full Name (Last, First, Middle Initial)

**A. HALL FOR CONGRESS EXPLORATORY COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2015

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

**Transaction ID : SB23.16691**

City State Zip Code  
LOS ANGELES CA 90010

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
2015 Primary Contribution

--

Candidate Name  
**HALL FOR CONGRESS EXPLORATORY COMMITTEE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2015  Primary  General  Other (specify) ▼  
State: CA District: 35

Full Name (Last, First, Middle Initial)

**B. JACKIE SPEIER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2015

Mailing Address PO BOX 112

**Transaction ID : SB23.17044**

City State Zip Code  
BURLINGAME CA 94011

Amount of Each Disbursement this Period

-1000.00
----------

Purpose of Disbursement  
Stop pay on ch#2434 issued 10/16/14 due to lost check, replacement check 2455

--

Candidate Name  
**JACKIE SPEIER FOR CONGRESS**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 12

Full Name (Last, First, Middle Initial)

**C. JACKIE SPEIER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2015

Mailing Address PO BOX 112

**Transaction ID : SB23.16695**

City State Zip Code  
BURLINGAME CA 94011

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2014 General Contribution Replace lost check 2434 issued 10/16/14

--

Candidate Name  
**JACKIE SPEIER FOR CONGRESS**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 12

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2000.00
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# 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**

Full Name (Last, First, Middle Initial)

## A. LEADERSHIP OF TODAY AND TOMORROW

Date of Disbursement

Mailing Address 607 14th Street, NW  
Suite 800

M M M	/	D D D	/	Y Y Y Y Y
05		26		2015

City Washington State DC Zip Code 20005

Transaction ID : **SB23.16698**

Purpose of Disbursement  
2015 Contribution

Amount of Each Disbursement this Period

Candidate Name  
**LEADERSHIP OF TODAY AND TOMORROW**

Category/  
Type

2500.00
---------

Office Sought:  House  Senate  President  
 Disbursement For: 2015  Primary  General  Other (specify) ▼  
 State: District:

Full Name (Last, First, Middle Initial)

## B. MCCARTHY VICTORY FUND 2014

Date of Disbursement

Mailing Address PO BOX 30844

M M M	/	D D D	/	Y Y Y Y Y
03		05		2015

City BETHESDA State MD Zip Code 20824

Transaction ID : **SB23.16709**

Purpose of Disbursement  
2015 Primary Contribution

Amount of Each Disbursement this Period

Candidate Name  
**MCCARTHY VICTORY FUND 2014**

Category/  
Type

5400.00
---------

Office Sought:  House  Senate  President  
 Disbursement For: 2015  Primary  General  Other (specify) ▼  
 State: CA District: 23

Full Name (Last, First, Middle Initial)

## C. MCNERNEY FOR CONGRESS

Date of Disbursement

Mailing Address 888 16th Street, NW  
Suite 570A

M M M	/	D D D	/	Y Y Y Y Y
05		07		2015

City Washington State DC Zip Code 20006

Transaction ID : **SB23.16702**

Purpose of Disbursement  
2015 Primary

Amount of Each Disbursement this Period

Candidate Name  
**MCNERNEY FOR CONGRESS**

Category/  
Type

1000.00
---------

Office Sought:  House  Senate  President  
 Disbursement For: 2015  Primary  General  Other (specify) ▼  
 State: CA District: 11

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8900.00
---------

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

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**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**

Full Name (Last, First, Middle Initial)

**A. NANCY PELOSI FOR CONGRESS**

Mailing Address 235 Montgomery Street  
Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
2015 Primary Contribution

Candidate Name  
**NANCY PELOSI FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2015  Primary  General  Other (specify) ▼  
State: CA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : SB23.16690**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
2015 Contribution

Candidate Name  
**NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Office Sought:  House  Senate  President  
Disbursement For: 2015  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	5

**Transaction ID : SB23.16705**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. ORRINPAC**

Mailing Address PO BOX 900427

City SANDY State UT Zip Code 84090

Purpose of Disbursement  
2015 Contribution

Candidate Name  
**ORRINPAC**

Office Sought:  House  Senate  President  
Disbursement For: 2015  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	5

**Transaction ID : SB23.16708**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	2	5	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN**

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement  
2015 Primary Contribution

Candidate Name  
**PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN**

Office Sought:  House  Senate  President  
Disbursement For: 2015  Primary  General  Other (specify) ▼  
State: WA District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2015

**Transaction ID : SB23.16694**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. WHITEHOUSE FOR SENATE**

Mailing Address P.O. BOX 40280

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement  
2015 Primary

Candidate Name  
**WHITEHOUSE FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2015  Primary  General  Other (specify) ▼  
State: RI District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2015

**Transaction ID : SB23.16700**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3500.00

64400.00