

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) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15 (selected), January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20 (M2) to Jan 31 (YE) (c) 12-Day Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07/01/2014 through 09/30/2014

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 10/14/2014

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="2014"/>		119479.56
(b) Cash on Hand at Beginning of Reporting Period.....	139294.27	
(c) Total Receipts (from Line 19) .....	34168.16	100682.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	173462.43	220162.22
7. Total Disbursements (from Line 31).....	83549.24	130249.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	89913.19	89913.19
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  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).....	30496.72	68030.22
(ii) Unitemized .....	3671.44	32652.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34168.16	100682.66
(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) .....	34168.16	100682.66
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))..... ▶	34168.16	100682.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34168.16	100682.66

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	83500.00	130100.00
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 .....	49.24	149.03
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)) ..	83549.24	130249.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83549.24	130249.03

**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) .....	34168.16	100682.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34168.16	100682.66
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: (check only one)	PAGE 6 OF 70
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Cyrus J Aram**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 475.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15748**  
 Amount of Each Receipt this Period  
 150.00  
 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 ▼ 418.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15749**  
 Amount of Each Receipt this Period  
 132.00  
 Payroll contribution per cycle \$22.00

**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 ▼ 475.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15750**  
 Amount of Each Receipt this Period  
 150.00  
 Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 432.00  
**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 70
	<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. Tanya Ballow**

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 ▼  
427.50

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.15751**

Amount of Each Receipt this Period  
135.00

Payroll contribution per cycle \$22.50

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

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 ▼  
855.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.15754**

Amount of Each Receipt this Period  
335.00

Payroll contribution per cycle \$45.00

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

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 ▼  
230.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.15757**

Amount of Each Receipt this Period  
100.00

Payroll contribution per cycle \$20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 570.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 70
	<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. Margaret Beed**

Mailing Address Employee# xx8615  
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 ▼ **380.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : SA11AI.15758**

Amount of Each Receipt this Period  
**120.00**

Payroll contribution per cycle \$20.00

Full Name (Last, First, Middle Initial)  
**B. Ronda Bell**

Mailing Address Employee# xx7066  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : SA11AI.15759**

Amount of Each Receipt this Period  
**90.00**

Payroll contribution per cycle \$15.00

Full Name (Last, First, Middle Initial)  
**C. Melinda Bergstrom**

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 ▼ **380.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : SA11AI.15763**

Amount of Each Receipt this Period  
**120.00**

Payroll contribution per cycle \$20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **330.00**

**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 9 OF 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Michael Beuoy**

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 ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.15764**

Amount of Each Receipt this Period  
150.00

Payroll contribution per cycle \$25.00

Full Name (Last, First, Middle Initial)  
**B. Gary Boatwright**

Mailing Address Employee #xx7003  
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 ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.15765**

Amount of Each Receipt this Period  
90.00

Payroll contribution per cycle \$15.00

Full Name (Last, First, Middle Initial)  
**C. Theresa Boudreau**

Mailing Address Employee# xx3316  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.15766**

Amount of Each Receipt this Period  
90.00

Payroll contribution per cycle \$15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 70
	<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. Courtney Bourn**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx6228  
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 ▼  
228.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15767

Amount of Each Receipt this Period  
72.00

Payroll contribution per cycle \$12.00

**B. Ruta Britts**  
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 ▼  
380.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15772

Amount of Each Receipt this Period  
120.00

Payroll contribution per cycle \$20.00

**C. 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 ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15773

Amount of Each Receipt this Period  
150.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 342.00

**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 11 OF 70  
(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. Thomas Brophy**

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 ▼ **855.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.15776**

Amount of Each Receipt this Period  
**270.00**

Payroll contribution per cycle \$45.00

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

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 ▼ **475.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.15781**

Amount of Each Receipt this Period  
**150.00**

Payroll contribution per cycle \$25.00

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

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 ▼ **475.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.15782**

Amount of Each Receipt this Period  
**150.00**

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **570.00**

**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 12 OF 70  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. William Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx9004, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **569.52**  
 Date of Receipt **09 / 30 / 2014**  
**Transaction ID : SA11Al.15783**  
 Amount of Each Receipt this Period **569.52**  
 Payroll contribution per cycle \$94.92

**B. Catherine Campbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx0969 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 ▼ **855.00**  
 Date of Receipt **09 / 30 / 2014**  
**Transaction ID : SA11Al.15785**  
 Amount of Each Receipt this Period **270.00**  
 Payroll contribution per cycle \$45.00

**C. Elena Casserly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee #xx6221 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 Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **475.00**  
 Date of Receipt **09 / 30 / 2014**  
**Transaction ID : SA11Al.15786**  
 Amount of Each Receipt this Period **150.00**  
 Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... **989.52**  
**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 70
	<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. 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 ▼  
1235.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15790

Amount of Each Receipt this Period  
650.00

Payroll contribution per cycle \$65.00

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

Mailing Address Employee #xx7088  
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 ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15791

Amount of Each Receipt this Period  
90.00

Payroll contribution per cycle \$15.00

**C. Luke Cirkovic**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx5375  
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 ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15793

Amount of Each Receipt this Period  
475.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1215.00

**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 14 OF 70  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Denise Ciufu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx4063, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15794**  
 Amount of Each Receipt this Period  
**90.00**  
 Payroll contribution per cycle \$15.00

**B. Michael Dahlem**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emp# xx1109 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 ▼ **950.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15797**  
 Amount of Each Receipt this Period  
**300.00**  
 Payroll contribution per cycle \$50.00

**C. 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 ▼ **475.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15799**  
 Amount of Each Receipt this Period  
**150.00**  
 Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **540.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 70
	<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. Jodie L DeBartoli</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15800</b>
Mailing Address Employee# xx1900 50 Beale Street		Amount of Each Receipt this Period 72.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$12.00
Name of Employer Blue Shield of CA	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

Full Name (Last, First, Middle Initial) <b>B. Andrea D. DeBerry</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15801</b>
Mailing Address emp xx1594 50 Beale Street		Amount of Each Receipt this Period 270.00
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 ▼ 465.00	

Full Name (Last, First, Middle Initial) <b>C. Kenny Deng</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15802</b>
Mailing Address emp xx6299 50 Beale Street		Amount of Each Receipt this Period 150.00
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 VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	492.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 70
	<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. Ann DeRose**  
Full Name (Last, First, Middle Initial)

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 ▼  
427.50

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.15803**

Amount of Each Receipt this Period  
135.00

Payroll contribution per cycle \$22.50

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

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 ▼  
342.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.15804**

Amount of Each Receipt this Period  
108.00

Payroll contribution per cycle \$18.00

**C. Rajkumar Dharmar**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8261  
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 ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.15805**

Amount of Each Receipt this Period  
150.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 393.00

**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 17 OF 70
	(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. Lisa Diamond</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15806</b>
Mailing Address Employee# xx8612 50 Beale Street		Amount of Each Receipt this Period 150.00 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 ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Edward A Diver</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15807</b>
Mailing Address Employee# xx8790 50 Beale Street		Amount of Each Receipt this Period 150.00 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 VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. Linda Dowsett</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15810</b>
Mailing Address Emp xx4382 50 Beale Street		Amount of Each Receipt this Period 150.00 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 ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 18 OF 70
	<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. Jacqueline Ejuwa</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11Al.15813</b>
Mailing Address Employee #xx3113 50 Beale Street		Amount of Each Receipt this Period 170.00
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 ▼ 495.00	

Full Name (Last, First, Middle Initial) <b>B. James Elliott</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11Al.15814</b>
Mailing Address emp xx5549 50 Beale Street		Amount of Each Receipt this Period 315.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$90.00	
Name of Employer Blue Shield of California	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Epstein</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11Al.15816</b>
Mailing Address emp xx0249 50 Beale Street		Amount of Each Receipt this Period 575.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$85.00	
Name of Employer Blue Shield of California	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1060.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 70
	<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. Kathryn M. Ferguson</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15818</b>
Mailing Address emp xx2319 50 Beale Street		Amount of Each Receipt this Period 102.00
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 ▼ 323.00	
		Payroll contribution per cycle \$17.00

Full Name (Last, First, Middle Initial) <b>B. Dawn Fortino</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15821</b>
Mailing Address Employee# xx8687 50 Beale Street		Amount of Each Receipt this Period 150.00
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 ▼ 475.00	
		Payroll contribution per cycle \$25.00

Full Name (Last, First, Middle Initial) <b>C. Nicole R Fosdick</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15822</b>
Mailing Address Employee# xx7380 50 Beale Street		Amount of Each Receipt this Period 40.00
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 ▼ 300.00	
		Payroll contribution per cycle \$20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	292.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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 ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.15825**

Amount of Each Receipt this Period  
150.00

Payroll contribution per cycle \$25.00

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

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 ▼  
532.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.15826**

Amount of Each Receipt this Period  
168.00

Payroll contribution per cycle \$28.00

Full Name (Last, First, Middle Initial)  
**C. Robert Geyer**

Mailing Address emp xx2026  
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 ▼  
1900.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.15827**

Amount of Each Receipt this Period  
600.00

Payroll contribution per cycle \$100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 918.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 70
	<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 Gibson</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15828</b>
Mailing Address Employee# xx0252 50 Beale Street		Amount of Each Receipt this Period 210.00 Payroll contribution per cycle \$35.00
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 Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Bobby D Gilchrist</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15830</b>
Mailing Address Employee# xx5297 50 Beale Street		Amount of Each Receipt this Period 72.00 Payroll contribution per cycle \$12.00
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 Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

Full Name (Last, First, Middle Initial) <b>C. Ketan Gima</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15831</b>
Mailing Address emp xx2246 50 Beale Street		Amount of Each Receipt this Period 450.00 Payroll contribution per cycle \$75.00
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 Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	732.00
<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 70
	<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. Kirsten Gorsuch**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx1231  
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 VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1520.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.15834**

Amount of Each Receipt this Period  
480.00

Payroll contribution per cycle \$80.00

**B. Douglas Grant**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx7417  
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 ▼  
380.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.15835**

Amount of Each Receipt this Period  
120.00

Payroll contribution per cycle \$20.00

**c. Christy Gregg**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx2233  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.15836**

Amount of Each Receipt this Period  
150.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 70
	<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. Raul E Guerridos</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.15838</b>
Mailing Address Emp# xx2698 50 Beale Street		Amount of Each Receipt this Period 108.00
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 ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>B. Jill Harmatz</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.15844</b>
Mailing Address emp xx5510 50 Beale Street		Amount of Each Receipt this Period 72.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$12.00
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 ▼ 228.00	

Full Name (Last, First, Middle Initial) <b>C. Heather Hawker</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.15845</b>
Mailing Address emp xx3628, 50 Beale Street		Amount of Each Receipt this Period 150.00
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 ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<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 24 OF 70  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address Employee# xx4936  
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 ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.15846**

Amount of Each Receipt this Period  
150.00

Payroll contribution per cycle \$25.00

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Hermosillo**

Mailing Address emp xx4845  
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 VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
382.50

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.15848**

Amount of Each Receipt this Period  
90.00

Payroll contribution per cycle \$22.50

Full Name (Last, First, Middle Initial)  
**c. Gary R Herzberg**

Mailing Address Employee# xx0509  
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 Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.15849**

Amount of Each Receipt this Period  
150.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 390.00

**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 25 OF 70
	(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. Larry Hilty</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15852</b>
Mailing Address emp xx9314 50 Beale Street		Amount of Each Receipt this Period 180.00
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 California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) <b>B. Louis Hirsh</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15854</b>
Mailing Address emp xx9409 50 Beale Street		Amount of Each Receipt this Period 135.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$22.50
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 ▼ 427.50	

Full Name (Last, First, Middle Initial) <b>C. John A Hirshleifer</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15855</b>
Mailing Address Employee# xx8743 50 Beale Street		Amount of Each Receipt this Period 150.00
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 ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	465.00
<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 70
	<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. Brent Hitchings</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15856</b>
Mailing Address emp xx569 50 Beale Street		Amount of Each Receipt this Period 270.00
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 VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 855.00	Payroll contribution per cycle \$45.00

Full Name (Last, First, Middle Initial) <b>B. Jennifer Hobart</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15858</b>
Mailing Address Employee #xx6684 50 Beale Street		Amount of Each Receipt this Period 240.00
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 ▼ 760.00	Payroll contribution per cycle \$40.00

Full Name (Last, First, Middle Initial) <b>C. Helena Hoffman</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15859</b>
Mailing Address emp xx5671 50 Beale Street		Amount of Each Receipt this Period 66.00
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 ▼ 209.00	Payroll contribution per cycle \$11.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 70
	<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. Patricia Hoffman</b>		Date of Receipt
Mailing Address Emp# xx0479 50 Beale Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.15860</b>
Name of Employer Blue Shield of CA	Occupation Manager	Amount of Each Receipt this Period <input type="text" value="108.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="342.00"/>	Payroll contribution per cycle \$18.00

Full Name (Last, First, Middle Initial) <b>B. Terry Hokinson</b>		Date of Receipt
Mailing Address Employee #xx7017 50 Beale St.,		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.15861</b>
Name of Employer Blue Shield of CA	Occupation Director	Amount of Each Receipt this Period <input type="text" value="180.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="570.00"/>	Payroll contribution per cycle \$30.00

Full Name (Last, First, Middle Initial) <b>C. Stanford Hornbacher</b>		Date of Receipt
Mailing Address emp xx6615 50 Beale Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.15864</b>
Name of Employer Blue Shield of Callifornia	Occupation Manager	Amount of Each Receipt this Period <input type="text" value="135.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="427.50"/>	Payroll contribution per cycle \$22.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="423.00"/>
<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 28 OF 70
	<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. 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 ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15865

Amount of Each Receipt this Period  
150.00

Payroll contribution per cycle \$25.00

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

Mailing Address Employee #xx6366  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15866

Amount of Each Receipt this Period  
180.00

Payroll contribution per cycle \$30.00

**C. Seth Jacobs**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx6574  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Sr. VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15870

Amount of Each Receipt this Period  
495.00

Payroll contribution per cycle \$50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 825.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 70
	<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. George Jaresko</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11Al.15871</b>
Mailing Address emp xx5244 50 Beale Street		Amount of Each Receipt this Period 90.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15.00
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 ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>B. Meg Jay</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11Al.15872</b>
Mailing Address Emp# xx5293 50 Beale Street		Amount of Each Receipt this Period 126.00
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 ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Lorie Johns</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11Al.15873</b>
Mailing Address Employee #xx5447 50 Beale St.,		Amount of Each Receipt this Period 45.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$22.50
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 ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	261.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 70
	<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 Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx1769  
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 ▼  
570.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.15875**

Amount of Each Receipt this Period  
180.00

Payroll contribution per cycle \$30.00

**B. Alan M Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx7713  
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 ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.15877**

Amount of Each Receipt this Period  
90.00

Payroll contribution per cycle \$15.00

**C. Johnathan K Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx8180  
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 ▼  
342.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.15878**

Amount of Each Receipt this Period  
108.00

Payroll contribution per cycle \$18.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 378.00

**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 31 OF 70
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Aaron Kaufman</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15881</b>
Mailing Address Emp# xx1040 50 Beale Street		Amount of Each Receipt this Period 420.00 Payroll contribution per cycle \$70.00
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 ▼ 1330.00	

Full Name (Last, First, Middle Initial) <b>B. Pradip Khemani</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15883</b>
Mailing Address Employee #xx7222 50 Beale St.,		Amount of Each Receipt this Period 150.00 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 ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. Tina Kibler</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15884</b>
Mailing Address emp xx5267 50 Beale Street		Amount of Each Receipt this Period 270.00 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 California	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	840.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 70
	<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. Andrew Kiefer**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx8277  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15885

Amount of Each Receipt this Period  
245.00

Payroll contribution per cycle \$45.00

**B. 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 ▼  
665.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15886

Amount of Each Receipt this Period  
210.00

Payroll contribution per cycle \$35.00

**C. Yun Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx9394  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15887

Amount of Each Receipt this Period  
90.00

Payroll contribution per cycle \$15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 545.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 70
	(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**

**A. Nora Lam**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx5642  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.15894**

Amount of Each Receipt this Period  
90.00

Payroll contribution per cycle \$15.00

**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 ▼  
427.50

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.15897**

Amount of Each Receipt this Period  
135.00

Payroll contribution per cycle \$22.50

**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 ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.15898**

Amount of Each Receipt this Period  
150.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

**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 34 OF 70
	<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 ▼  
427.50

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15899

Amount of Each Receipt this Period  
135.00

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 ▼  
270.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15901

Amount of Each Receipt this Period  
90.00

Payroll contribution per cycle \$15.00

**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 ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15902

Amount of Each Receipt this Period  
150.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

**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 35 OF 70
	(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. 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 ▼  
665.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15904

Amount of Each Receipt this Period  
210.00

Payroll contribution per cycle \$35.00

**B. 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 ▼  
216.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15905

Amount of Each Receipt this Period  
108.00

Payroll contribution per cycle \$18.00

**C. Michael S Mallory**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8387  
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 ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15906

Amount of Each Receipt this Period  
150.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 468.00

**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 36 OF 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Paul Markovich</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15907</b>
Mailing Address emp xx6510 50 Beale Street		Amount of Each Receipt this Period 564.00
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 ▼ 1630.00	
		Payroll contribution per cycle \$100.00

Full Name (Last, First, Middle Initial) <b>B. Thomas McCaffery</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15908</b>
Mailing Address emp xx5792 50 Beale Street		Amount of Each Receipt this Period 180.00
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 VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
		Payroll contribution per cycle \$30.00

Full Name (Last, First, Middle Initial) <b>C. Jessica A McCarthy</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15909</b>
Mailing Address Employee# xx7123 50 Beale Street		Amount of Each Receipt this Period 240.00
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 ▼ 760.00	
		Payroll contribution per cycle \$40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	984.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 70
	<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. William McQueen**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx5076  
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 ▼  
570.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15911

Amount of Each Receipt this Period  
180.00

Payroll contribution per cycle \$30.00

**B. Steven Meinhofer**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8066  
50 Beale Street  
City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15912

Amount of Each Receipt this Period  
90.00

Payroll contribution per cycle \$15.00

**C. Andrea Minarcin**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Beale Street  
employee #xx4753  
City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15913

Amount of Each Receipt this Period  
150.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 420.00

**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 70
	<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 ▼ **760.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11Al.15914**

Amount of Each Receipt this Period  
**240.00**

Payroll contribution per cycle \$40.00

**B. 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 ▼ **475.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11Al.15916**

Amount of Each Receipt this Period  
**475.00**

Payroll contribution per cycle \$25.00

**C. Diane Moss-Nellum**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx4418  
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 ▼ **285.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11Al.15917**

Amount of Each Receipt this Period  
**90.00**

Payroll contribution per cycle \$15.00

**SUBTOTAL** of Receipts This Page (optional)..... **805.00**

**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 39 OF 70
	<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 09 / 30 / 2014 <b>Transaction ID : SA11AI.15918</b>
Mailing Address Emp# xx0983 50 Beale Street		Amount of Each Receipt this Period 475.00
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 VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Jon Murphy</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.15919</b>
Mailing Address emp xx2151 50 Beale Street		Amount of Each Receipt this Period 353.16
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$19.62
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 ▼ 353.16	

Full Name (Last, First, Middle Initial) <b>C. Michael Murray</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.15920</b>
Mailing Address Employee# xx1032 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 \$50.00
Name of Employer Blue Shield of CA	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1128.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 70
	<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 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 ▼  
950.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15925

Amount of Each Receipt this Period  
300.00

Payroll contribution per cycle \$50.00

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

Mailing Address Employee# xx8459  
50 Beale Street

City 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 ▼  
475.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15926

Amount of Each Receipt this Period  
150.00

Payroll contribution per cycle \$25.00

**C. Robert E Olsen**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx7587  
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 ▼  
345.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15923

Amount of Each Receipt this Period  
46.00

Payroll contribution per cycle \$23.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 496.00

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



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

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

FOR LINE NUMBER: PAGE 41 OF 70  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Armine Papouchian-Kulinski**

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 ▼  
760.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15931

Amount of Each Receipt this Period  
435.00

Payroll contribution per cycle \$40.00

Full Name (Last, First, Middle Initial)  
**B. Jeff Pearce**

Mailing Address Employee# xx0492  
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 ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15933

Amount of Each Receipt this Period  
90.00

Payroll contribution per cycle \$15.00

Full Name (Last, First, Middle Initial)  
**C. Alice Raia**

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 ▼  
760.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11AI.15938

Amount of Each Receipt this Period  
240.00

Payroll contribution per cycle \$40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 765.00

**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 70
	<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. Anchulee J Raongthum</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.15939</b>
Mailing Address Emp# xx6257 50 Beale Street		Amount of Each Receipt this Period 108.00
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 ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>B. Marcella B Reeder</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.15943</b>
Mailing Address Employee# xx2415 50 Beale Street		Amount of Each Receipt this Period 72.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$12.00
Name of Employer Blue Shield of CA	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

Full Name (Last, First, Middle Initial) <b>C. Karen Rinaldi</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.15946</b>
Mailing Address emp xx1645 50 Beale Street		Amount of Each Receipt this Period 263.91
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$13.89
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 ▼ 263.91	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	443.91
<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 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Brett Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee #xx7680  
 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 **400.00**

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15947**  
 Amount of Each Receipt this Period  
 120.00  
 Payroll contribution per cycle \$20.00

**B. Norvita Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx1723, 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 **475.00**

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15948**  
 Amount of Each Receipt this Period  
 150.00  
 Payroll contribution per cycle \$25.00

**C. 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 **475.00**

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15951**  
 Amount of Each Receipt this Period  
 150.00  
 Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... **420.00**  
**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 44 OF 70
	(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. 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 ▼ 380.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15952**  
 Amount of Each Receipt this Period 120.00  
 Payroll contribution per cycle \$20.00

**B. Luis Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx0908 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 ▼ 285.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15953**  
 Amount of Each Receipt this Period 90.00  
 Payroll contribution per cycle \$15.00

**C. Lori C Sasaki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx7711 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 ▼ 285.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15955**  
 Amount of Each Receipt this Period 90.00  
 Payroll contribution per cycle \$15.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**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 70
	<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. Lauri Satterwhaite</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.15956</b>
Mailing Address emp xx9223 50 Beale Street		Amount of Each Receipt this Period 120.00
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 California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. Michelle Y Shih</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.15964</b>
Mailing Address Employee# xx6919 50 Beale Street		Amount of Each Receipt this Period 150.00
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 ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Shivinsky</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.15965</b>
Mailing Address Employee# xx8369 50 Beale Street		Amount of Each Receipt this Period 240.00
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 ▼ 760.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	510.00
<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 70
	<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. Michelle A Simpson</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15967</b>
Mailing Address Employee# xx7706 50 Beale Street		Amount of Each Receipt this Period 150.00 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 VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Smith</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15968</b>
Mailing Address Employee# xx7922 50 Beale Street		Amount of Each Receipt this Period 120.00 Payroll contribution per cycle \$20.00
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 ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. Gilbert Solomon</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15969</b>
Mailing Address emp xx1700 50 Beale Street		Amount of Each Receipt this Period 376.35 Payroll contribution per cycle \$46.15
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 876.85	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	646.35
<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 70
	<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. 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 **855.00**

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15970**  
 Amount of Each Receipt this Period  
**270.00**  
 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 **1028.28**

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15972**  
 Amount of Each Receipt this Period  
**768.28**  
 Payroll contribution per cycle \$54.12

**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 **760.00**

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.15976**  
 Amount of Each Receipt this Period  
**240.00**  
 Payroll contribution per cycle \$40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1278.28</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 48 OF 70
	<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  
 09 / 30 / 2014  
**Transaction ID : SA11Al.15980**  
 Amount of Each Receipt this Period  
**275.00**  
 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 **465.50**

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11Al.15981**  
 Amount of Each Receipt this Period  
**147.00**  
 Payroll contribution per cycle \$24.50

**C. 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 Employee  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **216.00**

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11Al.15983**  
 Amount of Each Receipt this Period  
**108.00**  
 Payroll contribution per cycle \$18.00

**SUBTOTAL** of Receipts This Page (optional)..... **530.00**  
**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 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Yvonne Tatsuno</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15985</b>
Mailing Address Employee #xx6843 50 Beale St.,		Amount of Each Receipt this Period 135.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$22.50
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 ▼ 427.50	

Full Name (Last, First, Middle Initial) <b>B. Jayne W Taylor</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15987</b>
Mailing Address Emp# xx5713 50 Beale Street		Amount of Each Receipt this Period 150.00
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 ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. Jon M Tholen</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15989</b>
Mailing Address Emp# xx1408 50 Beale Street		Amount of Each Receipt this Period 810.00
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 ▼ 810.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1095.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 70
	<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. Nels M Thygeson</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15991</b>
Mailing Address Employee# xx8616 50 Beale Street		Amount of Each Receipt this Period 330.00
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 ▼ 1045.00	

Full Name (Last, First, Middle Initial) <b>B. Regina A Ullom</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15996</b>
Mailing Address Emp# xx5624 50 Beale Street		Amount of Each Receipt this Period 108.00
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 ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>C. Loni Ulrich</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.15997</b>
Mailing Address Emp# xx8333 50 Beale Street		Amount of Each Receipt this Period 90.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00	
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 ▼ 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	528.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 70
	<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. Devon M Valencia</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.15998</b>
Mailing Address Emp# xx2459 50 Beale Street		Amount of Each Receipt this Period 270.00
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 ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>B. Ingrid Van Eckert</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.15999</b>
Mailing Address Emp# xx6393 50 Beale Street		Amount of Each Receipt this Period 108.00
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 ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>C. Sailesh Varma</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : SA11AI.16000</b>
Mailing Address Emp# xx1286 50 Beale Street		Amount of Each Receipt this Period 150.00
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 ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	528.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 70
	<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. 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 ▼  
855.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.16003**

Amount of Each Receipt this Period  
270.00

Payroll contribution per cycle \$45.00

**B. Christine Vogt-Wingerath**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx7001  
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 ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.16005**

Amount of Each Receipt this Period  
90.00

Payroll contribution per cycle \$15.00

**C. Sonya Wade**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx3639  
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 ▼  
285.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.16007**

Amount of Each Receipt this Period  
90.00

Payroll contribution per cycle \$15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 70
	<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. 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 ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11Al.16008**

Amount of Each Receipt this Period  
 120.00

Payroll contribution per cycle \$20.00

**B. 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 ▼ **570.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11Al.16010**

Amount of Each Receipt this Period  
 180.00

Payroll contribution per cycle \$30.00

**C. 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 ▼ **570.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11Al.16011**

Amount of Each Receipt this Period  
 180.00

Payroll contribution per cycle \$30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **480.00**

**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 54 OF 70
	<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. Jacqueline Wetzel</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.16013</b>
Mailing Address Emp# xx1262 50 Beale Street		Amount of Each Receipt this Period 150.00
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 ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Jayne Whitelaw</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.16014</b>
Mailing Address Employee #xx5978 50 Beale St.,		Amount of Each Receipt this Period 150.00
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 ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. Ms Janet D. Widmann</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.16015</b>
Mailing Address emp xx1756 50 Beale Street		Amount of Each Receipt this Period 450.00
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 ▼ 1425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 70
	<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. Kimball Wilkins</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.16016</b>
Mailing Address Employee# xx3150 50 Beale Street		Amount of Each Receipt this Period 90.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Payroll contribution per cycle \$15.00
Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00

Full Name (Last, First, Middle Initial) <b>B. Bryce Williams</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.16017</b>
Mailing Address Employee# xx8031 50 Beale Street		Amount of Each Receipt this Period 270.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Payroll contribution per cycle \$45.00
Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 855.00

Full Name (Last, First, Middle Initial) <b>C. Ira Wing</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : SA11AI.16018</b>
Mailing Address Employee# xx2918 50 Beale Street		Amount of Each Receipt this Period 120.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Payroll contribution per cycle \$20.00
Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	480.00
<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 70
	<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. Kenneth Wood**

Mailing Address emp xx6494  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.16022**

Amount of Each Receipt this Period  
600.00

Payroll contribution per cycle \$100.00

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

Mailing Address 50 Beale Street  
employee# xx5363

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.16024**

Amount of Each Receipt this Period  
180.00

Payroll contribution per cycle \$30.00

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

Mailing Address emp 11926  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Senior Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11Al.16025**

Amount of Each Receipt this Period  
22.50

Payroll contribution per cycle \$22.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	802.50
<b>TOTAL</b> This Period (last page this line number only).....▶	30496.72



**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. ANNA ESHOO FOR CONGRESS**

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
2014 General

Candidate Name  
**ANNA ESHOO FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2014

Transaction ID : **SB23.15691**

Amount of Each Disbursement this Period

2600.00
---------

Full Name (Last, First, Middle Initial)

**B. BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
2014 General

Candidate Name  
**BECERRA FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2014

Transaction ID : **SB23.15690**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. BLUEPAC - BCBSA PAC**

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
2014 Contribution

Candidate Name  
**BLUEPAC - BCBSA PAC**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	07	/	2014

Transaction ID : **SB23.15734**

Amount of Each Disbursement this Period

12500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

20100.00
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**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. CAPITO FOR WEST VIRGINIA**

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**CAPITO FOR WEST VIRGINIA**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: WV District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

Transaction ID : **SB23.15702**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. CHRIS COONS FOR DELAWARE**

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**CHRIS COONS FOR DELAWARE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: DE District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

Transaction ID : **SB23.15706**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Mailing Address 410 1ST ST SE  
SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 38

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

Transaction ID : **SB23.15709**

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 PARTY OF OREGON**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Mailing Address 232 NE 9TH AVE.

**Transaction ID : SB23.15722**

City PORTLAND State OR Zip Code 97232

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2014 Party Contribution

--

Candidate Name

**DEMOCRATIC PARTY OF OREGON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. DENHAM FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	16	/	2014

Mailing Address 2150 RIVER PLAZA DR #150

**Transaction ID : SB23.15726**

City SACRAMENTO State CA Zip Code 95833

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
2014 General Contribution

--

Candidate Name

**DENHAM FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 19

Full Name (Last, First, Middle Initial)

**C. DEVIN NUNES CAMPAIGN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	16	/	2014

Mailing Address PO BOX 6545

**Transaction ID : SB23.15728**

City VISALIA State CA Zip Code 93290

Amount of Each Disbursement this Period

4000.00
---------

Purpose of Disbursement  
2014 General Contribution

--

Candidate Name

**DEVIN NUNES CAMPAIGN COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

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

10000.00
----------

**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)	PAGE 60 OF 70
	<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)			Date of Disbursement
<b>A. DIRIGO PAC</b>			<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
Mailing Address PO Box 1355			<b>Transaction ID : SB23.15692</b>  Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
City Alexandria	State VA	Zip Code 22313	
Purpose of Disbursement 2014 Contribution		<input type="text"/>	
Candidate Name <b>DIRIGO PAC</b>		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial)			Date of Disbursement
<b>B. DOUG LAMALFA COMMITTEE</b>			<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
Mailing Address 2150 RIVER PLAZA DR., #150			<b>Transaction ID : SB23.15725</b>  Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
City SACRAMENTO	State CA	Zip Code 95833	
Purpose of Disbursement 2014 General Contribution		<input type="text"/>	
Candidate Name <b>DOUG LAMALFA COMMITTEE</b>		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 01			

Full Name (Last, First, Middle Initial)			Date of Disbursement
<b>C. FRIENDS FOR HARRY REID</b>			<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
Mailing Address P.O. BOX 19163			<b>Transaction ID : SB23.15729</b>  Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
City LAS VEGAS	State NV	Zip Code 89132	
Purpose of Disbursement 2014 Primary Contribution		<input type="text"/>	
Candidate Name <b>FRIENDS FOR HARRY REID</b>		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NV District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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. FRIENDS OF JOHN BARRASSO**

Mailing Address PO BOX 52008

City State Zip Code  
CASPER WY 82605

Purpose of Disbursement  
2014 General

Candidate Name  
**FRIENDS OF JOHN BARRASSO**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: WY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2014

**Transaction ID : SB23.15693**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. HAGAN FOR US SENATE INC**

Mailing Address PO BOX 29103

City State Zip Code  
GREENSBORO NC 27429

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**HAGAN FOR US SENATE INC**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: NC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2014

**Transaction ID : SB23.15710**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City State Zip Code  
BISMARCK ND 58502

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name  
**HEIDI FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: ND District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

**Transaction ID : SB23.15720**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4000.00
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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. HOYER FOR CONGRESS**

Mailing Address 607 14th Street, NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 General

Candidate Name  
**HOYER FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

**Transaction ID : SB23.15688**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. KAREN BASS FOR CONGRESS**

Mailing Address 777 S. Figueroa Street  
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**KAREN BASS FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 33

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : SB23.15712**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**KEVIN MCCARTHY FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2014

**Transaction ID : SB23.15724**

Amount of Each Disbursement this Period

4800.00

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

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

10300.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Refund 2014 General Contribution

Candidate Name  
**KEVIN MCCARTHY FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2014

Transaction ID : **SB23.15716**

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

**B. LEADERSHIP OF TODAY AND TOMORROW**

Mailing Address 607 14th Street, NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Contribution

Candidate Name  
**LEADERSHIP OF TODAY AND TOMORROW**

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

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2014

Transaction ID : **SB23.15740**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. LONG LEAF PINE PAC**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
2014 Contribution

Candidate Name  
**LONG LEAF PINE PAC**

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

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

Transaction ID : **SB23.15707**

Amount of Each Disbursement this Period

2000.00

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Mailing Address 6 E STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
2014 General

Candidate Name  
**LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 40

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

Transaction ID : **SB23.15704**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. M-PAC**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
2014 Contribution

Candidate Name  
**M-PAC**

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

Transaction ID : **SB23.15686**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. MAJORITY COMMITTEE POLITICAL ACTION COMMITTEE - MC PAC**

Mailing Address PO BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
2014 Contribution

Candidate Name  
MAJORITY COMMITTEE POLITICAL ACTION COMMITTEE - MC PAC

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	4

Transaction ID : **SB23.15719**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

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

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

6	5	0	0	0	0	0	0	0	0
6	5	0	0	0	0	0	0	0	0

6	5	0	0	0	0	0	0	0	0
6	5	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. MCCARTHY VICTORY FUND 2014**

Mailing Address PO BOX 30844

City State Zip Code  
BETHESDA MD 20824

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**MCCARTHY VICTORY FUND 2014**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	4

Transaction ID : **SB23.15717**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. MCNERNEY FOR CONGRESS**

Mailing Address 888 16th Street, NW  
Suite 570A

City State Zip Code  
Washington DC 20006

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**MCNERNEY FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	1	4

Transaction ID : **SB23.15736**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City State Zip Code  
Sacramento CA 95841

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**MIKE THOMPSON FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	4

Transaction ID : **SB23.15733**

Amount of Each Disbursement this Period

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

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

5	5	0	0	.	0	0
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5	5	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. NEBRASKA REPUBLICAN PARTY**

Mailing Address 1610 N STREET

City LINCOLN State NE Zip Code 68508

Purpose of Disbursement  
2014 Contribution

Candidate Name  
**NEBRASKA REPUBLICAN PARTY**

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

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2014

**Transaction ID : SB23.15743**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. NORMA TORRES FOR CONGRESS**

Mailing Address 728 W EDNA PLACE

City COVINA State CA Zip Code 91722

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**NORMA TORRES FOR CONGRESS**

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

State: CA District: 35

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

**Transaction ID : SB23.15698**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. ORRINPAC**

Mailing Address PO BOX 900427

City SANDY State UT Zip Code 84090

Purpose of Disbursement  
2014 Contribution

Candidate Name  
**ORRINPAC**

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

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

**Transaction ID : SB23.15689**

Amount of Each Disbursement this Period

2000.00

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

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

5500.00

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

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

FOR LINE NUMBER:  
(check only one)

<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. PAUL COOK FOR CONGRESS**

Mailing Address PO BOX 365

City YUCCA VALLEY State CA Zip Code 92286

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**PAUL COOK FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

Transaction ID : **SB23.15694**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. PRAIRIE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 2002

City SPRINGFIELD State IL Zip Code 62705

Purpose of Disbursement  
2014 Contribution

Candidate Name  
**PRAIRIE POLITICAL ACTION COMMITTEE**

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

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : **SB23.15713**

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

**C. PRESERVING AMERICA'S TRADITIONS (PATPAC)**

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
2014 Contribution

Candidate Name  
**PRESERVING AMERICA'S TRADITIONS (PATPAC)**

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

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2014

Transaction ID : **SB23.15735**

Amount of Each Disbursement this Period

1500.00

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

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

6100.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. TED LIEU FOR CONGRESS**

Mailing Address 6380 WILSHIRE BLVD #1612

City State Zip Code  
LOS ANGELES CA 90048

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**TED LIEU FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

Transaction ID : **SB23.15700**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. VALADAO FOR CONGRESS**

Mailing Address 504 VAN NESS

City State Zip Code  
FRESNO CA 93721

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**VALADAO FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	4

Transaction ID : **SB23.15696**

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. WALTERS FOR CONGRESS**

Mailing Address 30151 TOMAS

City State Zip Code  
RANCHO SANTA MARGA CA 92688

Purpose of Disbursement  
2014 General Contribution

Candidate Name  
**WALTERS FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 45

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	4

Transaction ID : **SB23.15727**

Amount of Each Disbursement this Period

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

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

5	5	0	0	.	0	0
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5	5	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. WHITEHOUSE FOR SENATE**

Mailing Address P.O. BOX 40280

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name  
**WHITEHOUSE FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: RI District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2014

Transaction ID : SB23.15731

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

83500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Emily Glidden**

Mailing Address emp xx5840  
50 Beale Street

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Refund for Payroll Contribution overage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2014

**Transaction ID : SB28A.16032**

Amount of Each Disbursement this Period

2350.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2350.00

2350.00