



**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="2016"/>	<input type="text" value="178993.66"/>	<input type="text" value="178993.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="183206.26"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="37091.68"/>	<input type="text" value="83340.64"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="220297.94"/>	<input type="text" value="262334.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="94042.73"/>	<input type="text" value="136079.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="126255.21"/>	<input type="text" value="126255.21"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	31220.52	49878.03
(ii) Unitemized .....	5871.16	33462.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37091.68	83340.64
(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) .....	37091.68	83340.64
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))..... ▶	37091.68	83340.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37091.68	83340.64

**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.....	94000.00	136000.00
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 .....	42.73	79.09
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)) ..	94042.73	136079.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94042.73	136079.09

**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) .....	37091.68	83340.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37091.68	83340.64
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 74
	<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	

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) <b>A. Cyrus J Aram</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17880</b>
Mailing Address Employee# xx8445 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Siamak Ayoubpour</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17881</b>
Mailing Address Employee# xx0962 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Alison Baker</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17882</b>
Mailing Address Employee# xx7093 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$18.00	
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 ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	408.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17883**  
 Amount of Each Receipt this Period 162.00  
 Memo Item  
 Payroll contribution per cycle \$27.00

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

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17884**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

**C. Bret Balousek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx5527 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17885**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	462.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 74
	<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. Richard A Barlesi**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx3857  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.17887

Amount of Each Receipt this Period  
108.00

Memo Item  
Payroll contribution per cycle \$18.00

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

Mailing Address emp xx2076  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.17888

Amount of Each Receipt this Period  
300.00

Memo Item  
Payroll contribution per cycle \$50.00

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

Mailing Address Employee #xx7811  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Sr. Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.17889

Amount of Each Receipt this Period  
108.00

Memo Item  
Payroll contribution per cycle \$18.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	516.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 74
	<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. Sean Barry</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17891</b>
Mailing Address Employee # xx1179 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		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Bassett</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17892</b>
Mailing Address Employee # xx2676 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		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Peter Bassett</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17893</b>
Mailing Address Employee # xx1290 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		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	408.00
<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 10 OF 74
	<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. David A. Battin</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17894</b>
Mailing Address Employee #xx4657 50 Beale St.,		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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$20.00	
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 ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Bellamy</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17898</b>
Mailing Address emp xx1425 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	Memo Item <input type="checkbox"/> 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 ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Kimberly Beller</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17899</b>
Mailing Address Employee# xx5254 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
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 ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Patrice Bergman</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17900</b>
Mailing Address Employee # xx6395 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	Memo Item <input type="checkbox"/> 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 ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Melinda Bergstrom</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17901</b>
Mailing Address Employee# xx2057 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$20.00	
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 ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Beuoy</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17902</b>
Mailing Address Employee# 5248 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 74
	<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. Elizabeth Blakeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee#xx1919  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17903**  
 Amount of Each Receipt this Period  
 180.00  
 Memo Item  
 Payroll contribution per cycle \$30.00

**B. Jason Bleau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx1927  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17904**  
 Amount of Each Receipt this Period  
 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

**C. Carlo Braza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx1673  
 50 Beale street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Senior Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17908**  
 Amount of Each Receipt this Period  
 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	396.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Ruta Britts</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11Al.17910</b>
Mailing Address emp xx2060 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$20.00	
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 ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Laverne A Brizendine</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11Al.17911</b>
Mailing Address emp xx6076 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$30.00	
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 ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>C. Nicole Brooks</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11Al.17912</b>
Mailing Address Employee# xx7380 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	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 14 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Paul Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emp #xx0647  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17913**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

**B. 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 **411.32**

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17914**  
 Amount of Each Receipt this Period  
 189.84  
 Memo Item  
 Payroll contribution per cycle \$31.64

**C. Richard Campagna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee # xx3045  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17916**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>489.84</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 15 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Catherine Campbell</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17917</b>
Mailing Address Employee# xx0969 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	Memo Item Payroll contribution per cycle \$45.00	
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>B. Elena Casserly</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17918</b>
Mailing Address Employee #xx6221 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	Memo Item Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Adriel Casulo</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17921</b>
Mailing Address Employee# xx6492 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	Memo Item Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<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 16 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address Employee# xx8886  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : SA11AI.17922**

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

**B. Summer Cemo**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee # xx3503  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : SA11AI.17923**

Amount of Each Receipt this Period  
108.00

Memo Item  
Payroll contribution per cycle \$18.00

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

Mailing Address Employee #xx8020  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1560.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : SA11AI.17925**

Amount of Each Receipt this Period  
720.00

Memo Item  
Payroll contribution per cycle \$120.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	978.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 74
	<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. Matthew Chayt</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17926</b>
Mailing Address Employee # xx3401 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Assoc. General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Vanessa Chiu</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17928</b>
Mailing Address Employee# xx1316 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of California	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. John Chong</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17929</b>
Mailing Address Employee # xx4168 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	408.00
<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 18 OF 74
	(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. Luke Cirkovic</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17931</b>
Mailing Address Emp# xx5375 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	Memo Item <input type="checkbox"/> 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 ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Dahlem</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17935</b>
Mailing Address Emp# xx1109 50 Beale Street		Amount of Each Receipt this Period 600.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$100.00	
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 ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C. Carla M Dailey</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17936</b>
Mailing Address Emp# xx0442 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Shannon Datcher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee #xx7287  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17937**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

**B. Andrea D. DeBerry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx1594  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17939**  
 Amount of Each Receipt this Period  
 180.00  
 Memo Item  
 Payroll contribution per cycle \$30.00

**C. Amy Dehart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx0621  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Consultant Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17940**  
 Amount of Each Receipt this Period  
 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	438.00
<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 74
	<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. Renee Devine</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17941</b>
Mailing Address Emp# xx0495 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	Memo Item <input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B. Rajkumar Dharmer</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17942</b>
Mailing Address Employee# xx8261 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	Memo Item <input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00	
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 ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Megan-Bria Dietz</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17943</b>
Mailing Address Employee # xx3092 50 Beale Street		Amount of Each Receipt this Period 30.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Memo Item Payroll contribution per cycle \$5.00	
Name of Employer Blue Shield of CA	Occupation Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 74
	<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. Cynthia Dutra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee # xx3097  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17945**  
 Amount of Each Receipt this Period  
 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

**B. Richard Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee # xx3066  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17946**  
 Amount of Each Receipt this Period  
 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

**C. Jacqueline Ejuwa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee #xx3113  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17948**  
 Amount of Each Receipt this Period  
 222.00  
 Memo Item  
 Payroll contribution per cycle \$37.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	438.00
<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 74
	<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. James Elliott**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx5549  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.17949

Amount of Each Receipt this Period  
270.00

Memo Item  
Payroll contribution per cycle \$45.00

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

Mailing Address emp xx2404  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.17950

Amount of Each Receipt this Period  
120.00

Memo Item  
Payroll contribution per cycle \$20.00

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

Mailing Address emp xx0249  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1235.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.17953

Amount of Each Receipt this Period  
570.00

Memo Item  
Payroll contribution per cycle \$95.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	960.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Kathryn M. Ferguson**

Mailing Address emp xx2319  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.00

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : SA11AI.17954**

Amount of Each Receipt this Period  
102.00

Memo Item  
Payroll contribution per cycle \$17.00

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

Mailing Address Employee # xx3507  
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 EVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2496.00

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : SA11AI.17955**

Amount of Each Receipt this Period  
1152.00

Memo Item  
Payroll contribution per cycle \$192.00

Full Name (Last, First, Middle Initial)  
**C. Laura Fisher**

Mailing Address Employee# xx1784  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : SA11AI.17956**

Amount of Each Receipt this Period  
108.00

Memo Item  
Payroll contribution per cycle \$18.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1362.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 74
	<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. Amanda Flaum</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17957</b>
Mailing Address Employee # xx1242 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	Memo Item <input type="checkbox"/> 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 ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Hugo Florez</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17958</b>
Mailing Address Employee# xx1071 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. Carol Fogelman</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17959</b>
Mailing Address emp xx2239 50 Beale Street		Amount of Each Receipt this Period 104.22
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$17.37	
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 ▼ 225.81	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	362.22
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 74
	<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. Dawn Fortino</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17960</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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
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 ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Jennifer Gannon</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17962</b>
Mailing Address Employee # xx2952 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Gebhart</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17963</b>
Mailing Address Emp# xx7244 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	408.00
<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 26 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Devin Gensch</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17964</b>
Mailing Address emp xx4081 50 Beale Street		Amount of Each Receipt this Period 168.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$28.00	
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 ▼ 364.00	

Full Name (Last, First, Middle Initial) <b>B. Diana G Gibson Pace</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17965</b>
Mailing Address Employee# xx0252 50 Beale Street		Amount of Each Receipt this Period 210.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$35.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

Full Name (Last, First, Middle Initial) <b>C. Celia Gonzales</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17967</b>
Mailing Address Employee# xx5859 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	486.00
<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 74
	<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. Christy Gregg</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17969</b>
Mailing Address emp xx2233 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 California	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00

Full Name (Last, First, Middle Initial) <b>B. Raul E Guerridos</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17971</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	Name of Employer Blue Shield of CA	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00

Full Name (Last, First, Middle Initial) <b>C. Michelle M Hawkins</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.17976</b>
Mailing Address Employee# xx4936 50 Beale Street		Amount of Each Receipt this Period 162.00
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 ▼ 351.00	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$27.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.00
<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 28 OF 74
	<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. Erguen Herrera</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11Al.17977</b>
Mailing Address Employee # xx2968 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B. Larry Hilty</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11Al.17979</b>
Mailing Address emp xx9314 50 Beale Street		Amount of Each Receipt this Period 210.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$35.00	
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 ▼ 455.00	

Full Name (Last, First, Middle Initial) <b>C. Judith Ho</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11Al.17980</b>
Mailing Address Employee# xx9612 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	426.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 74
	<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. Patricia Hoffman**  
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx0479  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.17985

Amount of Each Receipt this Period  
108.00

Memo Item  
Payroll contribution per cycle \$18.00

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

Mailing Address emp xx6615  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of Callifornia Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.50

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.17988

Amount of Each Receipt this Period  
135.00

Memo Item  
Payroll contribution per cycle \$22.50

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

Mailing Address Emp# xx1221  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.17989

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	393.00
<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 74
	<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. Christopher Huber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx7445  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17990**  
 Amount of Each Receipt this Period 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

**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 ▼ 390.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17991**  
 Amount of Each Receipt this Period 180.00  
 Memo Item  
 Payroll contribution per cycle \$30.00

**C. Jeff Iwasaki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee # xx3419  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.17994**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	438.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 74
	<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. 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 ▼  
975.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.17995

Amount of Each Receipt this Period  
450.00

Memo Item  
Payroll contribution per cycle \$75.00

**B. George Jaresko**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx5244  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.17996

Amount of Each Receipt this Period  
120.00

Memo Item  
Payroll contribution per cycle \$20.00

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

Mailing Address Employee# xx1601  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.17997

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 720.00

**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 32 OF 74
	<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. Pooja Jmath</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 50 Beale Street		<b>Transaction ID : SA11AI.17998</b>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Blue Shield of California	Occupation Director	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Lorie Johns</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address Employee #xx5447 50 Beale St.,		<b>Transaction ID : SA11AI.17999</b>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 135.00	
Name of Employer Blue Shield of CA	Occupation Manager	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

Full Name (Last, First, Middle Initial) <b>C. Michelle Johnson-Saville</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address Employee# xx2920 50 Beale Street		<b>Transaction ID : SA11AI.18001</b>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 108.00	
Name of Employer Blue Shield of California	Occupation Manager	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	393.00
<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 33 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Evelyn Johnston</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18002</b>
Mailing Address Employee # xx1317 50 Beale Street		Amount of Each Receipt this Period 100.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item 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 ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Krishna Kalyan</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18004</b>
Mailing Address Employee # xx3135 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		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Syng Karrobi</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18005</b>
Mailing Address Employee# xx4555 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		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 74
	<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. Pradip Khemani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee #xx7222  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **455.00**

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18007**  
 Amount of Each Receipt this Period  
 210.00  
 Memo Item  
 Payroll contribution per cycle \$35.00

**B. Tina Kibler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx5267  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 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 **845.00**

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18008**  
 Amount of Each Receipt this Period  
 390.00  
 Memo Item  
 Payroll contribution per cycle \$65.00

**C. Andrew Kiefer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee #xx8277  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 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 **715.00**

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18009**  
 Amount of Each Receipt this Period  
 330.00  
 Memo Item  
 Payroll contribution per cycle \$55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>930.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18010**  
 Amount of Each Receipt this Period  
 210.00  
 Memo Item  
 Payroll contribution per cycle \$35.00

**B. Amanda Knudsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee # xx3382  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Assoc. General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18013**  
 Amount of Each Receipt this Period  
 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

**C. Rebecca Langum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx2976  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18016**  
 Amount of Each Receipt this Period  
 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	426.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Carmelo Lattuca</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address emp xx1279 50 Beale street		<b>Transaction ID : SA11Al.18017</b>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 108.00	
Name of Employer Blue Shield of California	Occupation Manager	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B. Laura Lewis</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 50 Beale Street employee #xx2384		<b>Transaction ID : SA11Al.18018</b>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 135.00	
Name of Employer Blue Shield of California	Occupation Manager	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

Full Name (Last, First, Middle Initial) <b>C. Ruth Liu</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address Employee# xx8903 50 Beale Street		<b>Transaction ID : SA11Al.18019</b>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Blue Shield of CA	Occupation Director	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	393.00
<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 74
	<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)  
**A. Analisa Luippold**

Mailing Address Employee #xx6832  
50 Beale St.,  
City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016  
**Transaction ID : SA11AI.18021**

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

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

Mailing Address Employee# xx8386  
50 Beale Street  
City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016  
**Transaction ID : SA11AI.18022**

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

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

Mailing Address emp xx9411  
50 Beale Street  
City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016  
**Transaction ID : SA11AI.18024**

Amount of Each Receipt this Period  
240.00

Memo Item  
Payroll contribution per cycle \$40.00

**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 38 OF 74
	<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. Thomas Manning**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee # xx3338  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18027

Amount of Each Receipt this Period  
108.00

Memo Item  
Payroll contribution per cycle \$18.00

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

Mailing Address emp xx6510  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18028

Amount of Each Receipt this Period  
600.00

Memo Item  
Payroll contribution per cycle \$100.00

**C. Thomas Marshall**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8149  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18029

Amount of Each Receipt this Period  
108.00

Memo Item  
Payroll contribution per cycle \$18.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	816.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Thomas McCaffery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx5792  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : SA11AI.18030**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 Payroll contribution per cycle \$30.00

**B. Molly Mccoy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee # xx3480  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : SA11AI.18031**  
 Amount of Each Receipt this Period 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

**C. Glen McDonald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx1520  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : SA11AI.18032**  
 Amount of Each Receipt this Period 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	306.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 74
	<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. Andrea Minarcin</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18036</b>
Mailing Address 50 Beale Street employee #xx4753		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 California	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00

Full Name (Last, First, Middle Initial) <b>B. Kristen Miranda</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18037</b>
Mailing Address emp xx3904, 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	Name of Employer Blue Shield	Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$50.00

Full Name (Last, First, Middle Initial) <b>C. Myra Moore</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18039</b>
Mailing Address Employee# xx1294 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 Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 74
	<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. Stephanie Morimoto</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18040</b>
Mailing Address Emp# xx0769 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		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$45.00
Name of Employer Blue Shield of CA	Occupation Assoc. General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

Full Name (Last, First, Middle Initial) <b>B. Kristin Mullany</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18041</b>
Mailing Address Employee # xx8111 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		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Chief of Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Jon Murphy</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18042</b>
Mailing Address emp xx2151 50 Beale Street		Amount of Each Receipt this Period 147.72
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$24.62
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 ▼ 320.06	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	387.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 74
	<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. Michael Murray</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18043</b>
Mailing Address Employee# xx1032 50 Beale Street		Amount of Each Receipt this Period 360.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$60.00	
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 ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. Matthew Nye</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18044</b>
Mailing Address Employee # xx3144 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$50.00	
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 ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>c. Mary O'Hara</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18047</b>
Mailing Address Employee # xx0977 50 Beale Street		Amount of Each Receipt this Period 420.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$70.00	
Name of Employer Blue Shield of CA	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1080.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 74
	<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 ▼  
650.00

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : SA11AI.18048**

Amount of Each Receipt this Period  
300.00

Memo Item  
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 ▼  
325.00

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : SA11AI.18049**

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

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

Mailing Address Employee# xx1761  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : SA11AI.18045**

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Terese Odette**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx7096  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : SA11AI.18046**

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

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

Mailing Address emp xx8535  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : SA11AI.18052**

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

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

Mailing Address Employee #xx5680  
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : SA11AI.18053**

Amount of Each Receipt this Period  
240.00

Memo Item  
Payroll contribution per cycle \$40.00

**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 45 OF 74
	<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. Paul Poon</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18056</b>
Mailing Address Employee #xx6412 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Alison Ramey</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18060</b>
Mailing Address Employee# xx2396 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. Anchulee J Raongthum</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18061</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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	366.00
<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 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Carsten Rau</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18063</b>
Mailing Address Employee # xx3095 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Brett Robinson</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18067</b>
Mailing Address Employee #xx7680 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$20.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Suzanne Rumsey</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18069</b>
Mailing Address Employee# xx1333 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 74
	<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"/> 18

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

**A. Cynthia Russell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emp# xx0497  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11Al.18070**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

**B. Lina Saadzi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx5649  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11Al.18071**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

**C. Joseph Safran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx9164, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield Occupation Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11Al.18072**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 Payroll contribution per cycle \$20.00

**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 48 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 50 Beale Street  
employee # xx5516

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18074

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

**B. Lauri Satterwhaite**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx9223  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18077

Amount of Each Receipt this Period  
120.00

Memo Item  
Payroll contribution per cycle \$20.00

**C. Shayna Schulz**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee # xx3526  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18080

Amount of Each Receipt this Period  
270.00

Memo Item  
Payroll contribution per cycle \$45.00

**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 49 OF 74
	<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. Hope Scott**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee # xx0637  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : SA11AI.18081**

Amount of Each Receipt this Period  
108.00

Memo Item  
Payroll contribution per cycle \$18.00

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

Mailing Address Employee# xx5617  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : SA11AI.18086**

Amount of Each Receipt this Period  
270.00

Memo Item  
Payroll contribution per cycle \$45.00

**C. Danny Shen**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx2954  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2016  
**Transaction ID : SA11AI.18088**

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 528.00

**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 50 OF 74
	<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. Michelle Y Shih**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx6919  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Occupation  
Blue Shield of CA Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : SA11AI.18090**

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

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

Mailing Address Employee# xx8369  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Occupation  
Blue Shield of CA VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : SA11AI.18091**

Amount of Each Receipt this Period  
270.00

Memo Item  
Payroll contribution per cycle \$45.00

**C. Jeffrey Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx7922  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Occupation  
Blue Shield of CA VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : SA11AI.18093**

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	570.00
<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 74
	<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"/> 18

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

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

Mailing Address emp xx1700  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
599.95

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18094

Amount of Each Receipt this Period  
276.90

Memo Item  
Payroll contribution per cycle \$46.15

**B. Jennifer Sommercamp**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee # xx3636  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18095

Amount of Each Receipt this Period  
150.00

Memo Item  
Payroll contribution per cycle \$25.00

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

Mailing Address emp xx4420, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.56

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18096

Amount of Each Receipt this Period  
384.72

Memo Item  
Payroll contribution per cycle \$64.12

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 811.62

**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 52 OF 74
	<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 Stuart**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx2061  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18099

Amount of Each Receipt this Period  
270.00

Memo Item  
Payroll contribution per cycle \$45.00

**B. Sarah Summer**  
Full Name (Last, First, Middle Initial)

Mailing Address emp xx1535  
50 Beale street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Sr. Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18101

Amount of Each Receipt this Period  
168.00

Memo Item  
Payroll contribution per cycle \$28.00

**C. Cecilia Sun**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee # xx3131  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18102

Amount of Each Receipt this Period  
270.00

Memo Item  
Payroll contribution per cycle \$45.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 708.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 74
	<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. Jayne W Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emp# xx5713  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11Al.18104**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

**B. Lynne Teismann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx2926  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11Al.18105**  
 Amount of Each Receipt this Period  
 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

**C. Eric Terndrup**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address emp xx4199  
 50 Beale St.  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 429.26

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11Al.18106**  
 Amount of Each Receipt this Period  
 198.12  
 Memo Item  
 Payroll contribution per cycle \$33.02

<b>SUBTOTAL</b> of Receipts This Page (optional).....	456.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 74
	<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. Antoinette Terrana**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx1496  
 50 Beale Street  
 City State Zip Code  
 San Francisco CA 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Blue Shield of CA Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11Al.18107**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

**B. Nels M Thygeson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx8616  
 50 Beale Street  
 City State Zip Code  
 San Francisco CA 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Blue Shield of CA VP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 715.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11Al.18109**  
 Amount of Each Receipt this Period  
 330.00  
 Memo Item  
 Payroll contribution per cycle \$55.00

**C. Brandon Tidwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx2148  
 50 Beale Street  
 City State Zip Code  
 San Francisco CA 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Blue Shield of CA Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11Al.18110**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Payroll contribution per cycle \$20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	580.00
<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 74
	<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. Cassidy Tsay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx2119  
 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 ▼ 275.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18116**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

**B. Regina A Ullom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emp# xx5624  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18117**  
 Amount of Each Receipt this Period  
 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

**C. Devon M Valencia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emp# xx2459  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18119**  
 Amount of Each Receipt this Period  
 270.00  
 Memo Item  
 Payroll contribution per cycle \$45.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	478.00
<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 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jukka Valkonen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee# xx0287  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **234.00**

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18120**  
 Amount of Each Receipt this Period  
 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

**B. Ingrid Van Eckert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emp# xx6393  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **234.00**

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18121**  
 Amount of Each Receipt this Period  
 108.00  
 Memo Item  
 Payroll contribution per cycle \$18.00

**C. Anthony Van Goor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Employee # xx3046  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18122**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>366.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 OF 74
	(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. Todd Walthall</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18128</b>
Mailing Address Employee# xx2537 50 Beale Street		Amount of Each Receipt this Period 420.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$70.00
Name of Employer Blue Shield of CA	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

Full Name (Last, First, Middle Initial) <b>B. Melissa Welch Barker</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18132</b>
Mailing Address Employee# xx1512 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		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$45.00
Name of Employer Blue Shield of California	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>C. Darrin Wells</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.18133</b>
Mailing Address Employee# xx8661 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		<input type="checkbox"/> Memo Item Payroll contribution per cycle \$45.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	960.00
<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 58 OF 74
	<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. Kathleen Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emp# xx8546  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18134**  
 Amount of Each Receipt this Period  
 180.00  
 Memo Item  
 Payroll contribution per cycle \$30.00

**B. 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 ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18135**  
 Amount of Each Receipt this Period  
 240.00  
 Memo Item  
 Payroll contribution per cycle \$40.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.18136**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 Payroll contribution per cycle \$25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	570.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 74
	<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. Bryce Williams</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11Al.18138</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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$45.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>B. Wendy Winter</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11Al.18139</b>
Mailing Address Employee # xx2464 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. Salina Wong</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11Al.18142</b>
Mailing Address Emp# xx3056 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	Memo Item <input type="checkbox"/> Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	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 60 OF 74
	<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. Kenneth Wood</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11Al.18143</b>
Mailing Address emp xx6494 50 Beale Street		Amount of Each Receipt this Period 600.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$100.00
Occupation SVP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00

Full Name (Last, First, Middle Initial) <b>B. Christine Woodside</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11Al.18144</b>
Mailing Address Employee# xx5513 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	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00

Full Name (Last, First, Middle Initial) <b>C. Jason Worbets</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11Al.18145</b>
Mailing Address Employee # xx1921 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	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$25.00
Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Winnie Yang**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx7578  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18147

Amount of Each Receipt this Period  
108.00

Memo Item  
Payroll contribution per cycle \$18.00

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

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 ▼  
455.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18148

Amount of Each Receipt this Period  
210.00

Memo Item  
Payroll contribution per cycle \$35.00

**C. Matthew Yi**  
Full Name (Last, First, Middle Initial)

Mailing Address Employee # xx2915  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : SA11AI.18149

Amount of Each Receipt this Period  
150.00

Memo Item  
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:	PAGE 62 OF 74
	(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

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) <b>A. Krista Yokoyama</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address Employee# xx8246 50 Beale Street		<b>Transaction ID : SA11AI.18150</b>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 108.00	
Name of Employer Blue Shield of California	Occupation Sr. Manager	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B. Marcus Zimmerling</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address Employee# xx5374 50 Beale Street		<b>Transaction ID : SA11AI.18152</b>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 108.00	
Name of Employer Blue Shield of CA	Occupation Director	<input type="checkbox"/> Memo Item Payroll contribution per cycle \$18.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.00
<b>TOTAL</b> This Period (last page this line number only).....▶	31220.52

**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. AMERIPAC**

Mailing Address 140 COVANT #2

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement  
2016 Contribution

Candidate Name  
**AMERIPAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2016

Transaction ID : **SB23.17833**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMI BERA FOR CONGRESS**

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name  
**AMI BERA FOR CONGRESS**

Office Sought:  House  Senate  President  
State: CA District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2016

Transaction ID : **SB23.17844**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BENNET COLORADO VICTORY**

Mailing Address 1776 PLATTE ST

City DENVER State CO Zip Code 80202

Purpose of Disbursement  
2016 Contribution

Candidate Name  
**BENNET COLORADO VICTORY**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 06 / 2016

Transaction ID : **SB23.17859**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BLUEPAC - BCBSA PAC**

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
2016 Contribution

Candidate Name  
**BLUEPAC - BCBSA PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2016

Transaction ID : **SB23.17832**

Amount of Each Disbursement this Period

14500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOB CORKER FOR SENATE 2018 INC**

Mailing Address 1015 STONEBRIDGE PARK DR

City FRANKLIN State TN Zip Code 37069

Purpose of Disbursement  
2018 Primary Contribution

Candidate Name  
**BOB CORKER FOR SENATE 2018 INC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TN District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

Transaction ID : **SB23.17874**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CARPER FOR SENATE**

Mailing Address 19 EAST COMMONS BLVD

City NEW CASTLE State DE Zip Code 19720

Purpose of Disbursement  
2018 Primary Contribution

Candidate Name  
**CARPER FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

Transaction ID : **SB23.17868**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

18000.00



**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. CHRIS COONS FOR DELAWARE**

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name  
**CHRIS COONS FOR DELAWARE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: DE District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

Transaction ID : **SB23.17863**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC PARTY OF OREGON**

Mailing Address 232 NE 9TH AVE.

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement  
2016 Contribution

Candidate Name  
**DEMOCRATIC PARTY OF OREGON**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : **SB23.17837**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC STATE COMMITTEE (DELAWARE)**

Mailing Address PO BOX 2065

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement  
2016 Contribution

Candidate Name  
**DEMOCRATIC STATE COMMITTEE (DELAWARE)**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

Transaction ID : **SB23.17872**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

8500.00

**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. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 3433

City State Zip Code  
Palm Desert CA 92261

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name  
**Dr. Raul Ruiz for Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 36

Date of Disbursement

/  /

**Transaction ID : SB23.17846**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DICK DURBIN**

Mailing Address PO BOX 1949

City State Zip Code  
SPRINGFIELD IL 62705

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name  
**FRIENDS OF DICK DURBIN**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 00

Date of Disbursement

/  /

**Transaction ID : SB23.17864**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN MCCAIN INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name  
**FRIENDS OF JOHN MCCAIN INC**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: AZ District: 00

Date of Disbursement

/  /

**Transaction ID : SB23.17830**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 PATRICK MURPHY**

Mailing Address 4521 PGA BLVD #412

City PALM BEACH GARDENS State FL Zip Code 33418

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name  
**FRIENDS OF PATRICK MURPHY**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  
 Other (specify) ▼  
State: FL District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB23.17867**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GRASSLEY COMMITTEE INC**

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
2016 General Contribution

Candidate Name  
**GRASSLEY COMMITTEE INC**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  
 Other (specify) ▼  
State: IA District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

Transaction ID : **SB23.17870**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HALL FOR CONGRESS**

Mailing Address 249 E. OCEAN BLVD. SUITE 685

City LONG BEACH State CA Zip Code 90802

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name  
**HALL FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  
 Other (specify) ▼  
State: CA District: 44

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2016

Transaction ID : **SB23.17852**

Amount of Each Disbursement this Period

3000.00

Memo Item

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

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

6000.00

**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. HEARTLAND VALUES PAC**

Mailing Address PO Box 505

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
2016 Contribution

Candidate Name  
**HEARTLAND VALUES PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB23.17835**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City State Zip Code  
BISMARCK ND 58502

Purpose of Disbursement  
2016 General Contribution

Candidate Name  
**HEIDI FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: ND District: 00

Date of Disbursement

/  /

**Transaction ID : SB23.17865**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. JACKIE SPEIER FOR CONGRESS**

Mailing Address PO BOX 112

City State Zip Code  
BURLINGAME CA 94011

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name  
**JACKIE SPEIER FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: CA District: 12

Date of Disbursement

/  /

**Transaction ID : SB23.17838**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address 60 EAST CARMEL VALLEY ROAD

City CARMEL VALLEY State CA Zip Code 93924

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name  
**JIMMY PANETTA FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 20

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2016

Transaction ID : **SB23.17847**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KAMALA HARRIS FOR SENATE**

Mailing Address 777 S FIGUEROA ST STE 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement  
2016 General Contribution

Candidate Name  
**KAMALA HARRIS FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2016

Transaction ID : **SB23.17849**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KATIE MCGINTY FOR SENATE**

Mailing Address PO BOX 22447

City PHILADELPHIA State PA Zip Code 19110

Purpose of Disbursement  
2016 General Contribution

Candidate Name  
**KATIE MCGINTY FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: PA District: 00

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2016

Transaction ID : **SB23.17841**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

8000.00

**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. LEADERSHIP FOR TODAY AND TOMORROW**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
2016 Contribution

Candidate Name  
**LEADERSHIP FOR TODAY AND TOMORROW**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2016

Transaction ID : **SB23.17839**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Mailing Address 6 E STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
2016 Primary Contribution

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

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 40

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2016

Transaction ID : **SB23.17851**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. M-PAC**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
2016 Contribution

Candidate Name  
**M-PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2016

Transaction ID : **SB23.17842**

Amount of Each Disbursement this Period

3000.00

Memo Item

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

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

9000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. M-PAC**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
2016 Contribution

Candidate Name

**M-PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2016

**Transaction ID : SB23.17843**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address PO BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
2016 Contribution

Candidate Name  
MAJORITY COMMITTEE POLITICAL ACTION COMMITTEE - MC PAC

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

**Transaction ID : SB23.17827**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MATSUI FOR CONGRESS**

Mailing Address PO BOX 1738

City SACRAMENTO State CA Zip Code 95812

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name  
**MATSUI FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2016

**Transaction ID : SB23.17858**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MIKE CRAPO FOR US SENATE**

Mailing Address PO BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement  
2016 General Contribution

Candidate Name  
**MIKE CRAPO FOR US SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: ID District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : **SB23.17877**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name  
**MIKE THOMPSON FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2016

Transaction ID : **SB23.17856**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
2016 General Contribution

Candidate Name  
**MIKE THOMPSON FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2016

Transaction ID : **SB23.17857**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00



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

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

FOR LINE NUMBER:  
(check only one)

<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. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name

**PALLONE FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	1	6		

**Transaction ID : SB23.17828**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. PEM PAC**

Mailing Address 1050 17TH STREET, NW  
SUITE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Stop pay ch 2491 due to lost. Replace ch2508 for 2016 Contribution

Candidate Name

**PEM PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB23.18156**

Amount of Each Disbursement this Period

-	1	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**C. PEM PAC**

Mailing Address 1050 17TH STREET, NW  
SUITE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
2016 Contribution. Replace ch 2491 that was stopped pay due to lost check

Candidate Name

**PEM PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	1	6		

**Transaction ID : SB23.17834**

Amount of Each Disbursement this Period

1	0	0	0	0	0
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Memo Item

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

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

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