

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 50 Beale Street
18-105
 Check if different than previously reported. (ACC)
SAN FRANCISCO CA 94105

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

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

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karman Chan

Signature of Treasurer Electronically Filed by Karman Chan Date 07 30 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		54336.41
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	54336.41									
(c) Total Receipts (from Line 19)	41027.26	41027.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	95363.67	95363.67								
7. Total Disbursements (from Line 31)	46000.00	46000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49363.67	49363.67								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	24571.60	24571.60
(i) Itemized (use Schedule A)	16455.66	16455.66
(ii) Unitemized	41027.26	41027.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	41027.26	41027.26
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	41027.26	41027.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	41027.26	41027.26

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	12500.00	12500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	33500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	46000.00	46000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	46000.00	46000.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	41027.26	41027.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41027.26	41027.26
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 32
	<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

A. Full Name (Last, First, Middle Initial) Kenneth Sean Allen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 109049 50 Beale Street		Transaction ID: SA11A1.6947
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20.00
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B. Full Name (Last, First, Middle Initial) Dennis Alva		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 109311 50 Beale Street		Transaction ID: SA11A1.6949
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 233.59	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.43
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.59	

C. Full Name (Last, First, Middle Initial) Benjamin Bell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 16357 50 Beale Street		Transaction ID: SA11A1.6964
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 326.28	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.56
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.28	

SUBTOTAL of Receipts This Page (optional) ▶	819.87
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Douglas Biehn		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 112903, 50 Beale Street		Transaction ID: SA11A1.6966	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20		
Name of Employer Occupation Blue Shield employee	Aggregate Year-to-Date ▼ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Bruce Bodaken		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 16451 50 Beale Street		Transaction ID: SA11A1.6967	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 780.00		
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$60		
Name of Employer Occupation Blue Shield of California Chief Executive Officer	Aggregate Year-to-Date ▼ 780.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Eric Book		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 110719 50 Beale Street		Transaction ID: SA11A1.6969	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 440.00		
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$40		
Name of Employer Occupation Blue Shield of California Chief Medical Officer	Aggregate Year-to-Date ▼ 440.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1480.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gifford Boyce-Smith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 19629 50 Beale Street		Transaction ID: SA11A1.6976
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 650.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Thomas Brophy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 114076, 50 Beale Street		Transaction ID: SA11A1.6981
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20
Name of Employer Blue Cross	Occupation employee	
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) C. Andrea Brown		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 110187, 50 Beale Street		Transaction ID: SA11A1.6982
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50
Name of Employer BSC	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	1260.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) William Brown		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 059004, 50 Beale Street		Transaction ID: SA11A1.6983
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 281.23	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$22.11
Name of Employer Blue Shield	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 281.23	

B. Full Name (Last, First, Middle Initial) Michael-Anne Browne		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 111514 50 Beale Street		Transaction ID: SA11A1.6984
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C. Full Name (Last, First, Middle Initial) Wendy Cerruti		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 112821, 50 Beale Street		Transaction ID: SA11A1.6991
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 550.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50
Name of Employer Blue Shield	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional) ▶	1156.23
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Deborah Chase		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 114029, 50 Beale Street		Transaction ID: SA11A1.6993
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20	
Name of Employer Blue Shield Occupation employee	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Theresa Clarke		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 113787, 50 Beale Street		Transaction ID: SA11A1.6999
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25	
Name of Employer Blue Shield Occupation employee	Aggregate Year-to-Date ▼ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brian Clinch		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 45006 50 Beale Street		Transaction ID: SA11A1.7000
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 743.65	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$38.49	
Name of Employer Blue Shield of California Occupation Vice President, Sales	Aggregate Year-to-Date ▼ 743.65	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1328.65
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Bruce Cohen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 095327, 50 Beale Street		Transaction ID: SA11A1.7002
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20	
Name of Employer Blue Shield Occupation employee	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Edward Cymerys		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 114609, 50 Beale Street		Transaction ID: SA11A1.7006
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 1300.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$100	
Name of Employer Blue Shield Occupation employee	Aggregate Year-to-Date ▼ 1300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Patricia R. Domenickine		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 111504 50 Beale Street		Transaction ID: SA11A1.7018
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 311.09	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.10	
Name of Employer Blue Shield of California Occupation Employee	Aggregate Year-to-Date ▼ 311.09	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1871.09
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 James Elliott

Mailing Address 115549

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.7021

Amount of Each Receipt this Period
 500.00

Payroll contribution per cycle \$100

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

Mailing Address emp 110249
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.7025

Amount of Each Receipt this Period
 780.00

Payroll contribution per cycle \$60

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

Mailing Address emp 42026
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.7044

Amount of Each Receipt this Period
 325.00

Payroll contribution per cycle \$25

SUBTOTAL of Receipts This Page (optional)	1605.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Ketan Gima		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 112246 50 Beale Street		Transaction ID: SA11A1.7045
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 650.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50
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 ▼ 650.00	

B. Full Name (Last, First, Middle Initial) Marianne Jackson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 112372 50 Beale Street		Transaction ID: SA11A1.7079
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 737.70	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$57.75
Name of Employer Blue Shield of California	Occupation Senior Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 737.70	

C. Full Name (Last, First, Middle Initial) Michael Johnson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 111769 50 Beale Street		Transaction ID: SA11A1.7084
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 217.40	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$16.95
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.40	

SUBTOTAL of Receipts This Page (optional) ▶	1605.10
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) David Joyner		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 19639 50 Beale Street		Transaction ID: SA11A1.7086
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20
Name of Employer Blue Shield of California	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Heidi Kunz		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 112238 50 Beale Street		Transaction ID: SA11A1.7093
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 1458.81	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$114.22
Name of Employer Blue Shield of California	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.81	

C. Full Name (Last, First, Middle Initial) Christopher Long		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 109838 50 Beale Street		Transaction ID: SA11A1.7114
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 203.17	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15.87
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.17	

SUBTOTAL of Receipts This Page (optional) ▶	1961.98
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Kathleen M. Lucke		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 111911 50 Beale Street		Transaction ID: SA11A1.7117	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 322.42	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.69	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 322.42	

B. Full Name (Last, First, Middle Initial) Michael Lujan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 112179 50 Beale Street		Transaction ID: SA11A1.7120	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

C. Full Name (Last, First, Middle Initial) Kathleen Lynaugh		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 109411 50 Beale Street		Transaction ID: SA11A1.7121	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 390.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$30.00	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional) ▶	1037.42
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) David Lytle		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 109982 50 Beale Street		Transaction ID: SA11A1.7122	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20	
Name of Employer Blue Shield of California	Occupation Employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

B. Full Name (Last, First, Middle Initial) Elinor Mackinnon		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 113314, 50 Beale Street		Transaction ID: SA11A1.7123	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 547.61		
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$39.99	
Name of Employer Blue Shield	Occupation employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 547.61		

C. Full Name (Last, First, Middle Initial) Paul Markovich		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 16510 50 Beale Street		Transaction ID: SA11A1.7125	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 577.06		
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$38.46	
Name of Employer Blue Shield of California	Occupation Employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.06		

SUBTOTAL of Receipts This Page (optional) ▶	1384.67
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 Cathleen Murphy

Mailing Address emp 113067, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.7143

Amount of Each Receipt this Period
 325.00

Payroll contribution per cycle \$25

B. Full Name (Last, First, Middle Initial)
 Debbie Naegle

Mailing Address emp 16484
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 409.46

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.7145

Amount of Each Receipt this Period
 409.46

Payroll contribution per cycle \$32.77

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

Mailing Address emp 111112
 50 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 Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 884.83

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.7148

Amount of Each Receipt this Period
 884.83

Payroll contribution per cycle \$69.86

SUBTOTAL of Receipts This Page (optional)	1619.29
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Kathy Richards		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 109053 50 Beale Street		Transaction ID: SA11A1.7164	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 650.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50	
Name of Employer Occupation Blue Shield of California Director		Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Mika D. Riedinger		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 27156 50 Beale Street		Transaction ID: SA11A1.7166	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 234.37	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.19	
Name of Employer Occupation Blue Shield of California Employee		Aggregate Year-to-Date ▼ 234.37	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Thad Roake		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 115536		Transaction ID: SA11A1.7168	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 552.80	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$60.56	
Name of Employer Occupation Blue Shield employee		Aggregate Year-to-Date ▼ 552.80	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1437.17
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Joseph Safran		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 109164, 50 Beale Street		Transaction ID: SA11A1.7180
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20
Name of Employer Blue Shield	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B. Full Name (Last, First, Middle Initial) Alan Sokolow		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 115614		Transaction ID: SA11A1.7196
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50
Name of Employer Blue Shield	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Robert Spector		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 114420, 50 Beale Street		Transaction ID: SA11A1.7200
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 237.90	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.90
Name of Employer Blue Shield	Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.90	

SUBTOTAL of Receipts This Page (optional) ▶	747.90
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Nancy Stalker		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 16479 50 Beale Street		Transaction ID: SA11A1.7202
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 390.00
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$30
Name of Employer Blue Shield of California	Occupation Vice President, Pharmacy Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

B. Full Name (Last, First, Middle Initial) Mary C. St John		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 95485 50 Beale Street		Transaction ID: SA11A1.7207
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 325.00
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C. Full Name (Last, First, Middle Initial) Lyle Swallow		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address emp 18612 50 Beale Street		Transaction ID: SA11A1.7213
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 520.00
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$40
Name of Employer Blue Shield of California	Occupation Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional) ▶	1235.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Eric Terndrup		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 114199 50 Beale St.		Transaction ID: SA11A1.7215	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 312.66	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$24.67	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.66	

B. Full Name (Last, First, Middle Initial) Florence VanGeem		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 108247 50 Beale Street		Transaction ID: SA11A1.7224	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 263.94	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20.68	
Name of Employer Occupation Blue Shield of California Employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 263.94	

C. Full Name (Last, First, Middle Initial) Robert Veeneman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 095413		Transaction ID: SA11A1.7225	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 999.96	
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$83.33	
Name of Employer Occupation Blue Shield employee			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 999.96	

SUBTOTAL of Receipts This Page (optional) ▶	1576.56
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
 Robert Wadsworth

Mailing Address emp 18560
 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Occupation
 Blue Shield of California Employee

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 234.14

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.7231

Amount of Each Receipt this Period
 234.14

Payroll contribution per cycle \$18.33

B. Full Name (Last, First, Middle Initial)
 Diane Watts

Mailing Address emp 113379, 50 Beale Street

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Occupation
 Blue Shield employee

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.7237

Amount of Each Receipt this Period
 260.00

Payroll contribution per cycle \$20

C. Full Name (Last, First, Middle Initial)
 Mark Weideman

Mailing Address 114691
 50 Beale St

City State Zip Code
 San Francisco CA 94105

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

Name of Employer Occupation
 Blue Shield employee

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.7238

Amount of Each Receipt this Period
 500.00

Payroll contribution per cycle \$40

SUBTOTAL of Receipts This Page (optional)	994.14
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms Janet D. Widmann		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 111756 50 Beale Street		Transaction ID: SA11A1.7244	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20	
Name of Employer Blue Shield of California	Occupation Employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. Ms Fiona M. Wilmot		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address emp 111587 50 Beale Street		Transaction ID: SA11A1.7248	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 241.53		
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$19.06	
Name of Employer Blue Shield of California	Occupation Employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.53		

Full Name (Last, First, Middle Initial) C. Amy Yao		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 115363		Transaction ID: SA11A1.7259	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 270.00		
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$22.50	
Name of Employer Blue Shield	Occupation employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional) ▶	771.53
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 32
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
John S. Yao

Mailing Address 111926

City	State	Zip Code
San Francisco	CA	94105

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

Name of Employer Blue Shield	Occupation employee
---------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

Transaction ID: SA11A1.7257

Amount of Each Receipt this Period
680.00

Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional)	▶	680.00
TOTAL This Period (last page this line number only)	▶	24571.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 32

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

Candidate Name
BLUE PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.7327

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2007

Amount of Each Disbursement this Period

12500.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

12500.00

**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)

PAGE 26 / 32

<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. AHIP PAC		Transaction ID: SB23.7276 Date of Disbursement
Mailing Address 601 Penn. Avenue NW #500 South Bldg.		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement 2007 Contribution		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name AHIP PAC		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District:	

Full Name (Last, First, Middle Initial) B. DAVE CAMP FOR CONGRESS 2006		Transaction ID: SB23.7302 Date of Disbursement
Mailing Address 2501 Wisconsin Avenue, NW #304		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20007
Purpose of Disbursement 2008 Primary Election		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name DAVE CAMP FOR CONGRESS 2006		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 04	

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONG. CAMPAIGN COMM.		Transaction ID: SB23.7287 Date of Disbursement
Mailing Address 430 South Capitol Street SE 2nd Floor		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2007 Contribution		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name DEMOCRATIC CONG. CAMPAIGN COMM.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: DC	District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. DEMOCRATIC SEN. CAMPAIGN COMMITTEE		Transaction ID: SB23.7271 Date of Disbursement
Mailing Address 120 MARYLAND AVENUE NE		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement 2007 yearly contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3500.00"/>
Candidate Name DEMOCRATIC SEN. CAMPAIGN COMMITTEE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: DC	District:	

Full Name (Last, First, Middle Initial) B. FRIENDS FOR HARRY REID		Transaction ID: SB23.7275 Date of Disbursement
Mailing Address PO BOX 85223		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
City LAS VEGAS	State NV	Zip Code 89185
Purpose of Disbursement 2008 Primary Election	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name FRIENDS FOR HARRY REID	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 00	

Full Name (Last, First, Middle Initial) C. FRIENDS OF BARBARA BOXER		Transaction ID: SB23.7304 Date of Disbursement
Mailing Address 2801 Turk Blvd., Suite 306		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
City San Francisco	State CA	Zip Code 94118
Purpose of Disbursement 2010 Primary Election	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
Candidate Name FRIENDS OF BARBARA BOXER	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF CONGRESSMAN G.MILLER		Transaction ID: SB23.7296 Date of Disbursement
Mailing Address P.O. Box 5864		<input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Concord	State CA	Zip Code 94524
Purpose of Disbursement 2008 Primary Election		Amount of Each Disbursement this Period
Candidate Name FRIENDS OF CONGRESSMAN G.MILLER		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 07	

Full Name (Last, First, Middle Initial) B. FRIENDS OF DICK DURBIN COMMITTEE		Transaction ID: SB23.7293 Date of Disbursement
Mailing Address 2443 Fillmore Street # 333		<input type="text" value="06"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City San Francisco	State CA	Zip Code 94115
Purpose of Disbursement 2008 Primary Election		Amount of Each Disbursement this Period
Candidate Name FRIENDS OF DICK DURBIN COMMITTEE		<input type="text" value="2000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 00	

Full Name (Last, First, Middle Initial) C. FRIENDS OF JANE HARMAN		Transaction ID: SB23.7298 Date of Disbursement
Mailing Address 233 Massachusetts Avenue., NE Floor #2		<input type="text" value="04"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Washington	State DC	Zip Code 20002
Purpose of Disbursement 2008 Primary Election		Amount of Each Disbursement this Period
Candidate Name FRIENDS OF JANE HARMAN		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 36	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 32

<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 Jay Rockefeller		Transaction ID: SB23.7283 Date of Disbursement
Mailing Address 110-B East Broad Street		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
City Falls Church	State VT	Zip Code 22046
Purpose of Disbursement 2008 Primary Election		Amount of Each Disbursement this Period
Candidate Name Friends of Jay Rockefeller		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VT	District:	

Full Name (Last, First, Middle Initial) B. FRIENDS OF LOIS CAPPS		Transaction ID: SB23.7273 Date of Disbursement
Mailing Address PO Box 23940		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
City Santa Barbara	State CA	Zip Code 93121
Purpose of Disbursement 2008 Primary election		Amount of Each Disbursement this Period
Candidate Name FRIENDS OF LOIS CAPPS		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 23	

Full Name (Last, First, Middle Initial) C. FRIENDS OF LOIS CAPPS		Transaction ID: SB23.7280 Date of Disbursement
Mailing Address PO Box 23940		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
City Santa Barbara	State CA	Zip Code 93121
Purpose of Disbursement 2008 Primary Election		Amount of Each Disbursement this Period
Candidate Name FRIENDS OF LOIS CAPPS		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 23	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. GLACIER PAC		Transaction ID: SB23.7279 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 818 Connecticut Ave. NW Suite 1100		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20006	Purpose of Disbursement 2008 Primary Election Candidate Name GLACIER PAC Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District:		

Full Name (Last, First, Middle Initial) B. KEVIN MCCARTHY FOR CONGRESS		Transaction ID: SB23.7282 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 455 Capitol Mall Suite 801		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814	Purpose of Disbursement 2008 Primary Election Candidate Name KEVIN MCCARTHY FOR CONGRESS Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 22		

Full Name (Last, First, Middle Initial) C. MATSUI FOR CONGRESS		Transaction ID: SB23.7277 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address PO BOX 1738		Amount of Each Disbursement this Period 1000.00
City SACRAMENTO State CA Zip Code 95812	Purpose of Disbursement 2008 Primary Election Candidate Name Matsui for Congress Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 05		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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. MCNERNEY FOR CONGRESS		Transaction ID: SB23.7285 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 888 16th Street, NW Suite 570A		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20006		
Purpose of Disbursement 2008 Primary Election	Category/ Type	
Candidate Name MCNERNEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 11		

Full Name (Last, First, Middle Initial) B. MIKE THOMPSON FOR CONGRESS		Transaction ID: SB23.7269 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95841		
Purpose of Disbursement 2008 Primary Election	Category/ Type	
Candidate Name MIKE THOMPSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 01		

Full Name (Last, First, Middle Initial) C. NATHAN DEAL FOR CONGRESS		Transaction ID: SB23.7290 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address PO BOX 16021		Amount of Each Disbursement this Period 2000.00
City Alexandria State VT Zip Code 22301		
Purpose of Disbursement 2008 Primary Election	Category/ Type	
Candidate Name NATHAN DEAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 09		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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. PETE STARK RE-ELECTION COMMITTEE		Transaction ID: SB23.7270 Date of Disbursement 03 / 12 / 2007	
Mailing Address P.O. Box 8331		Amount of Each Disbursement this Period 1000.00	
City Fremont	State CA		Zip Code 94537
Purpose of Disbursement Pete Stark Re-Election			Category/ Type
Candidate Name PETE STARK RE-ELECTION COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 13			

Full Name (Last, First, Middle Initial) B. SOLIDARITY PAC		Transaction ID: SB23.7281 Date of Disbursement 06 / 19 / 2007	
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 4000.00	
City Washington	State DC		Zip Code 20005
Purpose of Disbursement 2008 Primary Election			Category/ Type
Candidate Name SOLIDARITY PAC			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: DC District: 00			

Full Name (Last, First, Middle Initial) C. SOLIS FOR CONGRESS		Transaction ID: SB23.7272 Date of Disbursement 03 / 12 / 2007	
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00	
City Los Angeles	State CA		Zip Code 90048
Purpose of Disbursement 2008 primary election			Category/ Type
Candidate Name SOLIS FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 32			

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	33500.00