

# 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 04 01 2006 through 06 30 2006

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 14 2006

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		49454.86
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	42799.27									
(c) Total Receipts (from Line 19) .....	19377.28	34741.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	62176.55	84196.11								
7. Total Disbursements (from Line 31) .....	18000.00	40019.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44176.55	44176.55								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	10128.13	15964.14
(i) Itemized (use Schedule A) .....	7749.15	17277.11
(ii) Unitemized .....	17877.28	33241.25
(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) .....	17877.28	33241.25
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 .....	1500.00	1500.00
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)) .....	19377.28	34741.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19377.28	34741.25

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	39750.00
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	269.56
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))..	18000.00	40019.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18000.00	40019.56

**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) .....	17877.28	33241.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17877.28	33241.25
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 / 26
	<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**

<b>A.</b> 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 6
Mailing Address emp 109049 50 Beale Street		<b>Transaction ID:</b> SA11A1.6210
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 240.00	

<b>B.</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 6
Mailing Address emp 109311 50 Beale Street		<b>Transaction ID:</b> SA11A1.6212
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 102.96	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$17.16
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 ▼ 204.22	

<b>C.</b> 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 6
Mailing Address emp 16357 50 Beale Street		<b>Transaction ID:</b> SA11A1.6222
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 146.10	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$24.35
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 ▼ 290.44	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	369.06
<b>TOTAL</b> 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 7 / 26
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Bruce Bodaken		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 16451 50 Beale Street		<b>Transaction ID:</b> SA11A1.6397
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 360.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$60.00	
Name of Employer Blue Shield of California	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Eric Book		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 110719 50 Beale Street		<b>Transaction ID:</b> SA11A1.6398
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$40.00	
Name of Employer Blue Shield of California	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Gifford Boyce-Smith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 19629 50 Beale Street		<b>Transaction ID:</b> SA11A1.6230
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 \$50.00	
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 ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> 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 8 / 26
	<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. Andrea Brown</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address emp 110187, 50 Beale Street		<b>Transaction ID: SA11A1.6233</b>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer BSC	Occupation employee	Payroll contribution per cycle \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Michael-Anne Browne</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address emp 111514 50 Beale Street		<b>Transaction ID: SA11A1.6235</b>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Blue Shield of California	Occupation Employee	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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Wendy Cerruti</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address emp 112821, 50 Beale Street		<b>Transaction ID: SA11A1.6238</b>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 9 / 26
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Christopher Ciano		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 112575 50 Beale Street		<b>Transaction ID:</b> SA11A1.6400
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 210.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$35.00
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 ▼ 420.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Bob Clifton		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 111654 50 Beale Street		<b>Transaction ID:</b> SA11A1.6401
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 240.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Brian Clinch		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 45006 50 Beale Street		<b>Transaction ID:</b> SA11A1.6403
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 308.62	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$51.44
Name of Employer Blue Shield of California	Occupation Vice President, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.55	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>638.62</b>
<b>TOTAL</b> 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 / 26
	<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. Edward Cymerys</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 114609, 50 Beale Street		<b>Transaction ID: SA11A1.6404</b>
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$100.00	
Name of Employer Blue Shield Occupation employee	Aggregate Year-to-Date ▼ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Patricia R. Domenickine</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 111504 50 Beale Street		<b>Transaction ID: SA11A1.6254</b>
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 135.42	
FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.57	
Name of Employer Blue Shield of California Occupation Employee	Aggregate Year-to-Date ▼ 266.49	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Peter Duncan</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 111590 50 Beale Street		<b>Transaction ID: SA11A1.6405</b>
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of California Occupation Employee	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>885.42</b>
<b>TOTAL</b> 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 / 26
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Thomas Epstein		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 110249 50 Beale Street		<b>Transaction ID:</b> SA11A1.6406
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 360.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$60.00
Name of Employer Blue Shield of California	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Geyer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 42026 50 Beale Street		<b>Transaction ID:</b> SA11A1.6407
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$25.00
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>C.</b> 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 6
Mailing Address emp 112246 50 Beale Street		<b>Transaction ID:</b> SA11A1.6275
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$50.00
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 ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	810.00
<b>TOTAL</b> 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 12 / 26
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Israelite		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 112949 50 Beale Street		<b>Transaction ID:</b> SA11A1.6296
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$25.00
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 ▼ 330.00	

<b>B.</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 6
Mailing Address emp 112372 50 Beale Street		<b>Transaction ID:</b> SA11A1.6409
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 330.60	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$55.1
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 ▼ 644.10	

<b>C.</b> 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 6
Mailing Address emp 19639 50 Beale Street		<b>Transaction ID:</b> SA11A1.6411
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$20.00
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 ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.60
<b>TOTAL</b> 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 / 26
	<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**

<b>A.</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 6
Mailing Address emp 112238 50 Beale Street		<b>Transaction ID:</b> SA11A1.6412
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 648.54	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$108.09
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 ▼ 1277.04	

<b>B.</b> Full Name (Last, First, Middle Initial) Richard D. Lee		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 10807 50 Beale Street		<b>Transaction ID:</b> SA11A1.6308
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 240.00	

<b>C.</b> 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 6
Mailing Address emp 111911 50 Beale Street		<b>Transaction ID:</b> SA11A1.6414
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 131.94	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$21.99
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 ▼ 263.88	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.48
<b>TOTAL</b> 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 14 / 26
	<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**

<b>A.</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 6
Mailing Address emp 112179 50 Beale Street		<b>Transaction ID:</b> SA11A1.6314
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> 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 6
Mailing Address emp 109411 50 Beale Street		<b>Transaction ID:</b> SA11A1.6315
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 180.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$30.00	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> 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 6
Mailing Address emp 109982 50 Beale Street		<b>Transaction ID:</b> SA11A1.6316
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20.00	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 26
	<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. Elinor Mackinnon</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address emp 113314, 50 Beale Street		<b>Transaction ID: SA11A1.6415</b>	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 226.20	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$37.70	
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 ▼ 263.90		

Full Name (Last, First, Middle Initial) <b>B. Paul Markovich</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address emp 16510 50 Beale Street		<b>Transaction ID: SA11A1.6416</b>	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 230.76	
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 461.52		

Full Name (Last, First, Middle Initial) <b>C. Cynthia Martin</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address emp 111441 50 Beale Street		<b>Transaction ID: SA11A1.6417</b>	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 151.86	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$25.31	
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 ▼ 299.37		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	608.82
<b>TOTAL</b> 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 / 26
	<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)  
 Beverly Mead

Mailing Address emp 114087  
 50 Beale St.

City State Zip Code  
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: SA11A1.6419

Amount of Each Receipt this Period  
 120.00

Payroll contribution per cycle \$20.00

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

Mailing Address emp 16484  
 50 Beale Street

City State Zip Code  
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 316.87

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

Transaction ID: SA11A1.6327

Amount of Each Receipt this Period  
 166.86

Payroll contribution per cycle \$27.81

**C.** Full Name (Last, First, Middle Initial)  
 Emmalee Noble

Mailing Address emp 19608  
 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 Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: SA11A1.6421

Amount of Each Receipt this Period  
 120.00

Payroll contribution per cycle \$20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>406.86</b>
<b>TOTAL</b> 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 17 / 26
	<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 Novelli

Mailing Address emp 111112  
 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 Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 782.29

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

**Transaction ID:** SA11A1.6422

Amount of Each Receipt this Period  
 391.14

Payroll contribution per cycle \$65.19

**B.** Full Name (Last, First, Middle Initial)  
 Kathy Richards

Mailing Address emp 109053  
 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 Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** SA11A1.6339

Amount of Each Receipt this Period  
 300.00

Payroll contribution per cycle \$50.00

**C.** Full Name (Last, First, Middle Initial)  
 Lisa Rubino

Mailing Address emp 75263  
 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 Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

**Transaction ID:** SA11A1.6423

Amount of Each Receipt this Period  
 180.00

Payroll contribution per cycle \$30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>871.14</b>
<b>TOTAL</b> 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 / 26
	<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**

<b>A.</b> 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 6
Mailing Address emp 114420, 50 Beale Street		<b>Transaction ID:</b> SA11A1.6359
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 104.08	
FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$17.35	
Name of Employer Blue Shield Occupation employee	Aggregate Year-to-Date ▼ 261.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> 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 6
Mailing Address emp 16479 50 Beale Street		<b>Transaction ID:</b> SA11A1.6424
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 180.00	
FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$30.00	
Name of Employer Blue Shield of California Occupation Vice President, Pharmacy Services	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</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 6
Mailing Address emp 95485 50 Beale Street		<b>Transaction ID:</b> SA11A1.6363
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of California Occupation Employee	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	434.08
<b>TOTAL</b> 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 / 26
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Douglas Sturnick		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address emp 111996 50 Beale Street		<b>Transaction ID:</b> SA11A1.6364
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 122.16	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$20.36
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.42	

<b>B.</b> 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 6
Mailing Address emp 18612 50 Beale Street		<b>Transaction ID:</b> SA11A1.6365
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$40.00
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 ▼ 480.00	

<b>C.</b> 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 6
Mailing Address emp 114199 50 Beale St.		<b>Transaction ID:</b> SA11A1.6367
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.83	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$32.64
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 ▼ 318.98	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	557.99
<b>TOTAL</b> 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 20 / 26
	<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)  
Florence VanGeem

Mailing Address emp 108247  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.74

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

Transaction ID: SA11A1.6377

Amount of Each Receipt this Period  
118.20

Payroll contribution per cycle \$19.70

**B.** Full Name (Last, First, Middle Initial)  
Ms Janet D. Widmann

Mailing Address emp 111756  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: SA11A1.6427

Amount of Each Receipt this Period  
120.00

Payroll contribution per cycle \$20.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Fiona M. Wilmot

Mailing Address emp 111587  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 207.57

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

Transaction ID: SA11A1.6389

Amount of Each Receipt this Period  
106.86

Payroll contribution per cycle \$17.81

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>345.06</b>
<b>TOTAL</b> 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:		PAGE 21 / 26	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address emp 11926  
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Senior Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

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

Transaction ID: SA11A1.6394

Amount of Each Receipt this Period  
600.00

Payroll contribution per cycle \$100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10128.13

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 26
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" 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)  
BOB CASEY

Mailing Address PO BOX 1177

City	State	Zip Code
HARRISBURG	PA	17108

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

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

Transaction ID: SA16.6461

Amount of Each Receipt this Period  
1500.00

Refund of contribution made in Oct. 2005

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. AHIP PAC</b>		<b>Transaction ID:</b> SB23.6443 Date of Disbursement
Mailing Address 601 Penn. Avenue NW #500 South Bldg.		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement AHIP PAC Contribution		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District:	

Full Name (Last, First, Middle Initial) <b>B. MAX BAUCUS</b>		<b>Transaction ID:</b> SB23.6468 Date of Disbursement
Mailing Address PO BOX 586		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City HELENA	State MT	Zip Code 59624
Purpose of Disbursement Friends of Max Baucus		Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT	District: 00	

Full Name (Last, First, Middle Initial) <b>C. CALIFORNIA SENATE 2006</b>		<b>Transaction ID:</b> SB23.6452 Date of Disbursement
Mailing Address 120 MARYLAND AVENUE NE		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement Democratic Senatorial Campaign Committee		Amount of Each Disbursement this Period <input type="text" value="4500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. CAPPS, LOIS G</b>		<b>Transaction ID: SB23.6449</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 1724 SANTA BARBARA STREET		Amount of Each Disbursement this Period 1000.00
City SANTA BARBARA State CA Zip Code 93101	Purpose of Disbursement Congresswoman Capps Spring Fling PAC	
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BOB CASEY</b>		<b>Transaction ID: SB23.6467</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address PO BOX 1177		Amount of Each Disbursement this Period 1000.00
City HARRISBURG State PA Zip Code 17108	Purpose of Disbursement CA Senate --- Bob Casey	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE TO RE-ELECT BOBBY JINDAL</b>		<b>Transaction ID: SB23.6434</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address PO BOX 8628		Amount of Each Disbursement this Period 1000.00
City METAIRIE State LA Zip Code 70011	Purpose of Disbursement The Committee to Re-elect Bobby Jindal	
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

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

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

A. Full Name (Last, First, Middle Initial)  
Diane FEINSTEIN FOR SENATE

Mailing Address 601 S. GLENOAKS BLVD., SUITE 208

City BURBANK State CA Zip Code 91502

Purpose of Disbursement  
Feinstein For Senate

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 00

Transaction ID: SB23.6436

Date of Disbursement

04 / 14 / 2006

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)  
Diane FEINSTEIN FOR SENATE

Mailing Address 601 S. GLENOAKS BLVD., SUITE 208

City BURBANK State CA Zip Code 91502

Purpose of Disbursement  
CA Senate '06 --- Feinstein's Campaign

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 00

Transaction ID: SB23.6453

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)  
MCCRERY FOR CONGRESS COMMITTEE

Mailing Address Post Office Box 52956  
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement  
McCrery For Congress

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: LA District: 04

Transaction ID: SB23.6442

Date of Disbursement

05 / 02 / 2006

Amount of Each Disbursement this Period

1500.00

**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)

PAGE 26 / 26

<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) <b>A. SOLIDARITY PAC</b>		<b>Transaction ID: SB23.6455</b> Date of Disbursement
Mailing Address 607 14th Street N.W. Suite 800		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Contribution to Solidarity PAC	<input type="text" value="1500.00"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SOLIS FOR CONGRESS</b>		<b>Transaction ID: SB23.6459</b> Date of Disbursement
Mailing Address 6380 Wilshire Blvd. #1612		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Los Angeles	State CA	Zip Code 90048
Purpose of Disbursement Stop payment of check made in Sep. 2003	<input type="text" value="-1000.00"/>	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 32		

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

**500.00**

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

**18000.00**