

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
17-C356
 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 07 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Emily Glidden

Signature of Treasurer Electronically Filed by Emily Glidden Date 01 28 2010

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		82047.55
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	82177.88									
(c) Total Receipts (from Line 19)	69319.22	129668.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	151497.10	211716.29								
7. Total Disbursements (from Line 31)	50953.95	111173.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	100543.15	100543.15								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	58813.68	99371.28
(ii) Unitemized	6205.54	25997.46
(iii) TOTAL (add Lines 11(a)(i) and (ii)	65019.22	125368.74
(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)	65019.22	125368.74
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	4300.00	4300.00
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))	69319.22	129668.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	69319.22	129668.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50700.00	110700.00
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.....	253.95	473.14
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))..	50953.95	111173.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50953.95	111173.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	65019.22	125368.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65019.22	125368.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
 Salim Alama
 Mailing Address 116125
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9649
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00
 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 ▼ 650.00

B. Full Name (Last, First, Middle Initial)
 Kenneth Sean Allen
 Mailing Address emp 109049
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9650
 Amount of Each Receipt this Period 80.00
 Payroll contribution per cycle \$20.00
 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 ▼ 340.00

C. Full Name (Last, First, Middle Initial)
 Dennis Alva
 Mailing Address emp 109311
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9651
 Amount of Each Receipt this Period 259.22
 Payroll contribution per cycle \$19.94
 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 ▼ 514.59

SUBTOTAL of Receipts This Page (optional) ▶ **664.22**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 84
	<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 A Arnold Jr.	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Mailing Address 114648 50 Beale Street	Transaction ID: SA11AI.9657
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 328.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	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 ▼ 657.00	

B.	Full Name (Last, First, Middle Initial) Terri J. Baker	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Mailing Address emp 111950, 50 Beale Street	Transaction ID: SA11AI.9659
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 286.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.00
	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 ▼ 419.00	

C.	Full Name (Last, First, Middle Initial) Tanya Ballow	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Mailing Address 108347 50 Beale Street	Transaction ID: SA11AI.9660
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation employee # 108347 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00	

SUBTOTAL of Receipts This Page (optional)	906.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 84

(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) Bret Balousek		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 115527 50 Beale Street		Transaction ID: SA11AI.9661		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 195.00	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15.00		
	Name of Employer Blue Shield of California	Occupation employee # 115527	Aggregate Year-to-Date 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Patrick Banghart		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 115427 50 Beale Street		Transaction ID: SA11AI.9662		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 130.00	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00		
	Name of Employer Blue Shield of California	Occupation Employee	Aggregate Year-to-Date 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Tracy Barnes		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address emp 22076 50 Beale Street		Transaction ID: SA11AI.9663		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 520.00	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$40.00		
	Name of Employer Blue Shield of California	Occupation Employee	Aggregate Year-to-Date 815.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 84
	<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) Earl W. Barron III	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #116501 50 Beale St.,	Transaction ID: SA11AI.9664
	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 \$25.00
	Name of Employer Blue Shield of CA Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

B.	Full Name (Last, First, Middle Initial) Seth J Berman	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 115035 50 Beale Street	Transaction ID: SA11AI.9667
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	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	

C.	Full Name (Last, First, Middle Initial) Vivek Bhatia	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 113173 50 Beale Street	Transaction ID: SA11AI.9668
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	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	

SUBTOTAL of Receipts This Page (optional)	585.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 84
(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) Douglas Biehn		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 112903, 50 Beale Street		Transaction ID: SA11AI.9669
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Gary Boatwright		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address Employee #117003 50 Beale St.,		Transaction ID: SA11AI.9670
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

C.

Full Name (Last, First, Middle Initial) Bruce Bodaken		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 16451 50 Beale Street		Transaction ID: SA11AI.9671
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 780.00
Name of Employer Blue Shield of California	Occupation Chief Executive Officer	Payroll contribution per cycle \$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1560.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Shirley Bolden
 Mailing Address emp 016540, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Transaction ID: SA11AI.9672
 Amount of Each Receipt this Period 125.06
 Payroll contribution per cycle \$9.62
 Name of Employer Blue Shield Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 John Bradley
 Mailing Address 114962 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Transaction ID: SA11AI.9674
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00
 Name of Employer Blue Shield of California Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Diane Brennan
 Mailing Address Employee #115384 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Transaction ID: SA11AI.9675
 Amount of Each Receipt this Period 195.00
 Payroll contribution per cycle \$15.00
 Name of Employer Blue Shield of CA Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ► **645.06**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Rene D. Brhely
 Mailing Address Employee #020924
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9676
 Amount of Each Receipt this Period
 195.00
 Payroll contribution per cycle \$15.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

B. Full Name (Last, First, Middle Initial)
 Ruta Britts
 Mailing Address 112060
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9677
 Amount of Each Receipt this Period
 260.00
 Payroll contribution per cycle \$20.00
 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 ▼ 520.00

C. Full Name (Last, First, Middle Initial)
 Laverne A Brizendine
 Mailing Address 116076
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9678
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00
 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 ▼ 260.00

SUBTOTAL of Receipts This Page (optional) ► **585.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 84
(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)
Linda Bronson

Mailing Address emp 114382, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Cross Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9679
Amount of Each Receipt this Period 195.00
Payroll contribution per cycle \$15.00

B.

Full Name (Last, First, Middle Initial)
Thomas Brophy

Mailing Address emp 114076, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Cross Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9680
Amount of Each Receipt this Period 260.00
Payroll contribution per cycle \$20.00

C.

Full Name (Last, First, Middle Initial)
William Brown

Mailing Address emp 059004, 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 ▼ 654.67

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9681
Amount of Each Receipt this Period 329.22
Payroll contribution per cycle \$24.15

SUBTOTAL of Receipts This Page (optional) ► 784.22

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 84

(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) Michael-Anne Browne		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address emp 111514 50 Beale Street		Transaction ID: SA11AI.9682		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 325.00	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00		
	Name of Employer Blue Shield of California	Occupation Employee	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) Sue Burke		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 054016 50 Beale Street		Transaction ID: SA11AI.9683		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 130.00	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00		
	Name of Employer Blue Shield of California	Occupation employee	Aggregate Year-to-Date 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Michele Carrillo		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address emp 112162, 50 Beale Street		Transaction ID: SA11AI.9684		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 130.00	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00		
	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) ▼					

SUBTOTAL of Receipts This Page (optional) ▶

585.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 84
(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)
Wendy Cerruti

Mailing Address emp 112821, 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 ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9687

Amount of Each Receipt this Period 650.00

Payroll contribution per cycle \$50.00

B.

Full Name (Last, First, Middle Initial)
George R. Chadwell

Mailing Address emp 110628
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 ▼ 366.57

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9688

Amount of Each Receipt this Period 183.84

Payroll contribution per cycle \$13.76

C.

Full Name (Last, First, Middle Initial)
Deborah Chase

Mailing Address emp 114029, 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 ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9689

Amount of Each Receipt this Period 260.00

Payroll contribution per cycle \$20.00

SUBTOTAL of Receipts This Page (optional) ► 1093.84

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 84
(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

<p>A. Full Name (Last, First, Middle Initial) Michael Chiarodit</p> <p>Mailing Address Employee #117088 50 Beale St.,</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Shield of CA Occupation Employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 255.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2009</p> <p>Transaction ID: SA11AI.9690</p> <p>Amount of Each Receipt this Period 195.00</p> <p>Payroll contribution per cycle \$15.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Denise Ciufu</p> <p>Mailing Address emp 054063, 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Shield Occupation employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2009</p> <p>Transaction ID: SA11AI.9691</p> <p>Amount of Each Receipt this Period 130.00</p> <p>Payroll contribution per cycle \$10.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Eva I Condron-Wells</p> <p>Mailing Address 116079 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Shield Occupation Employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2009</p> <p>Transaction ID: SA11AI.9693</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Payroll contribution per cycle \$10.00</p>
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SUBTOTAL of Receipts This Page (optional)	425.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Vincent Coppola

Mailing Address 115946
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 ▼ 780.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9694
Amount of Each Receipt this Period: 390.00
Payroll contribution per cycle \$30.00

B. Full Name (Last, First, Middle Initial)
Edward Cymerys

Mailing Address emp 114609, 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 ▼ 2600.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9697
Amount of Each Receipt this Period: 1300.00
Payroll contribution per cycle \$100.00

C. Full Name (Last, First, Middle Initial)
Susan Deleeuw

Mailing Address 114798
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 ▼ 585.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9700
Amount of Each Receipt this Period: 292.50
Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional) ► 1982.50

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

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

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

FOR LINE NUMBER: PAGE 18 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Kevin DeLury
 Mailing Address Employee #115871
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9701
 Amount of Each Receipt this Period
 195.00
 Payroll contribution per cycle \$15.00
 Name of Employer Blue Shield of CA Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 Ann DeRose
 Mailing Address 113203
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9702
 Amount of Each Receipt this Period
 292.50
 Payroll contribution per cycle \$22.50
 Name of Employer Blue Shield of California Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Tushar Desai
 Mailing Address 115087
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9703
 Amount of Each Receipt this Period
 292.50
 Payroll contribution per cycle \$22.50
 Name of Employer Blue Shield of California Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ▶ **780.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 84
	<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) Patricia R. Domenickine	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 111504 50 Beale Street	Transaction ID: SA11AI.9705
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 585.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$45.00
	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 ▼ 1031.11	

B.	Full Name (Last, First, Middle Initial) Marjorie Drake	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 56271 50 Beale Street	Transaction ID: SA11AI.9707
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer Occupation Blue Shield of California IFP Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Marc Eisenstein	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #117084 50 Beale St.,	Transaction ID: SA11AI.9708
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Occupation Blue Shield of CA Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	915.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 84
(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) James Elliott		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 115549 50 Beale Street		Transaction ID: SA11AI.9709
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

B.

Full Name (Last, First, Middle Initial) Mim English		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address Employee #117022 50 Beale St.,		Transaction ID: SA11AI.9711
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Blue Shield of CA	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 ▼ 375.00	

C.

Full Name (Last, First, Middle Initial) Thomas Epstein		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 110249 50 Beale Street		Transaction ID: SA11AI.9712
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 845.00
Name of Employer Blue Shield of California	Occupation Vice President, Public Affairs	Payroll contribution per cycle \$65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1645.00	

SUBTOTAL of Receipts This Page (optional)	2420.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 21 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jacqueline Espinoza

Mailing Address 115623
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 ▼ 712.50

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9713
Amount of Each Receipt this Period 390.00
Payroll contribution per cycle \$30.00

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

Mailing Address Employee #115702
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9714
Amount of Each Receipt this Period 130.00
Payroll contribution per cycle \$10.00

C. Full Name (Last, First, Middle Initial)
Aron Ezra

Mailing Address Employee #117037
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9715
Amount of Each Receipt this Period 260.00
Payroll contribution per cycle \$20.00

SUBTOTAL of Receipts This Page (optional) ▶ 780.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address emp 32319
 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 ▼ 442.00

Date of Receipt MM / DD / YYYY
 12 / 31 / 2009

Transaction ID: SA11AI.9716

Amount of Each Receipt this Period 221.00

Payroll contribution per cycle \$17.00

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

Mailing Address Employee #112238
 50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3147.38

Date of Receipt MM / DD / YYYY
 12 / 31 / 2009

Transaction ID: SA11AI.9717

Amount of Each Receipt this Period 1584.47

Payroll contribution per cycle \$121.77

C. Full Name (Last, First, Middle Initial)
 Carol Fogelman

Mailing Address emp 32239
 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 ▼ 372.14

Date of Receipt MM / DD / YYYY
 12 / 31 / 2009

Transaction ID: SA11AI.9718

Amount of Each Receipt this Period 190.93

Payroll contribution per cycle \$13.77

SUBTOTAL of Receipts This Page (optional) ► 1996.40

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

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

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

FOR LINE NUMBER: PAGE 23 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Joseph Foley
 Mailing Address 114742
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9719
 Amount of Each Receipt this Period
 166.04
 Payroll contribution per cycle \$12.54
 Name of Employer Blue Shield of California Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 329.06
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 Mark Gastineau
 Mailing Address 115296
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9722
 Amount of Each Receipt this Period
 520.00
 Payroll contribution per cycle \$40.00
 Name of Employer Blue Shield of California Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1040.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Walter W Gendell
 Mailing Address 097670
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9723
 Amount of Each Receipt this Period
 195.00
 Payroll contribution per cycle \$15.00
 Name of Employer Blue Shield Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ► **881.04**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 24 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Devin Gensch
 Mailing Address 114081
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9724
 Amount of Each Receipt this Period 364.00
 Payroll contribution per cycle \$28.00
 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 ▼ 613.00

B. Full Name (Last, First, Middle Initial)
 Robert Geyer
 Mailing Address emp 42026
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9725
 Amount of Each Receipt this Period 975.00
 Payroll contribution per cycle \$75.00
 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 ▼ 1635.00

C. Full Name (Last, First, Middle Initial)
 Ketan Gima
 Mailing Address emp 112246
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9726
 Amount of Each Receipt this Period 650.00
 Payroll contribution per cycle \$50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

SUBTOTAL of Receipts This Page (optional) ► 1989.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 25 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Deborah Gordon

Mailing Address 115621
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 ▼ 585.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9729
Amount of Each Receipt this Period 292.50
Payroll contribution per cycle \$22.50

B. Full Name (Last, First, Middle Initial)
Christopher Gorecki

Mailing Address 115257
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 ▼ 430.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9730
Amount of Each Receipt this Period 260.00
Payroll contribution per cycle \$20.00

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

Mailing Address emp 27417
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9731
Amount of Each Receipt this Period 130.00
Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional) ► 682.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 84
(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

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) Christy Gregg		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 022233 50 Beale Street		Transaction ID: SA11AI.9732
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 292.50
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

B.

Full Name (Last, First, Middle Initial) Melissa Hall		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 115540 50 Beale Street		Transaction ID: SA11AI.9735
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 712.50	

C.

Full Name (Last, First, Middle Initial) Dolores R. Hamor		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 15533 50 Beale Street		Transaction ID: SA11AI.9736
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

SUBTOTAL of Receipts This Page (optional)	812.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 84
(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) Robert Harjo		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 16340 50 Beale Street		Transaction ID: SA11AI.9738
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$10.00
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) Dina Henry Scott		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address Employee #117054 50 Beale St.,		Transaction ID: SA11AI.9741
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer Blue Shield of CA	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 ▼ 850.00	

C.

Full Name (Last, First, Middle Initial) Jeffrey Hermosillo		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 114845 50 Beale Street		Transaction ID: SA11AI.9742
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 292.50
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

SUBTOTAL of Receipts This Page (optional)	1072.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 84
(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) Larry Hilty		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 109314 50 Beale Street		Transaction ID: SA11AI.9743
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$15.00
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) Louis Hirsh		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 109409 50 Beale Street		Transaction ID: SA11AI.9744
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 292.50
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 427.50	

C.

Full Name (Last, First, Middle Initial) Brent Hitchings		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 115569 50 Beale Street		Transaction ID: SA11AI.9745
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 585.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 967.50	

SUBTOTAL of Receipts This Page (optional)	1072.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 29 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Bridget E Hoffman
 Mailing Address 109335
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9746
 Amount of Each Receipt this Period 130.00
 Payroll contribution per cycle \$10.00
 Name of Employer Blue Shield Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 260.00
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 Helena Hoffman
 Mailing Address emp 95671
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9747
 Amount of Each Receipt this Period 143.00
 Payroll contribution per cycle \$11.00
 Name of Employer Blue Shield of California Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 286.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Terry Hokinson
 Mailing Address Employee #117017
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9748
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00
 Name of Employer Blue Shield of CA Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 425.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ► **598.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 30 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey T Hopp

Mailing Address 112542
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 ▼
260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.9749

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

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

Mailing Address 016615
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of Callifornia Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.9751

Amount of Each Receipt this Period
292.50

Payroll contribution per cycle \$22.50

C. Full Name (Last, First, Middle Initial)
Diana Huang

Mailing Address emp 114587, 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 ▼
260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.9752

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional) ► **552.50**

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

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

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

FOR LINE NUMBER: PAGE 31 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Tony R. Ibarra

Mailing Address emp 112981
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 ▼ 390.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.9754

Amount of Each Receipt this Period 195.00

Payroll contribution per cycle \$15.00

B. Full Name (Last, First, Middle Initial)
Marianne Jackson

Mailing Address emp 112372
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, Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.9757

Amount of Each Receipt this Period 1040.00

Payroll contribution per cycle \$80.00

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

Mailing Address emp 16574
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 ▼ 585.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.9758

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional) ► 1527.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 84
	<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) George Jaresko	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 115244 50 Beale Street	Transaction ID: SA11AI.9759
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00
	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 ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Teresa Jessen Tennant	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #116627 50 Beale St.,	Transaction ID: SA11AI.9760
	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 \$25.00
	Name of Employer Occupation Blue Shield of CA Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) Lorie Johns	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #095447 50 Beale St.,	Transaction ID: SA11AI.9761
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Occupation Blue Shield of CA Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 382.50	

SUBTOTAL of Receipts This Page (optional)	812.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 33 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address emp 111769
 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 ▼
 689.70

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9762

Amount of Each Receipt this Period
 390.00

Payroll contribution per cycle \$30.00

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

Mailing Address emp 19639
 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 Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1040.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9764

Amount of Each Receipt this Period
 520.00

Payroll contribution per cycle \$40.00

C. Full Name (Last, First, Middle Initial)
 Allison Kawamoto

Mailing Address 094997
 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 ▼
 352.15

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9765

Amount of Each Receipt this Period
 176.80

Payroll contribution per cycle \$13.60

SUBTOTAL of Receipts This Page (optional) ► **1086.80**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 84
	<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) Jennifer Kelly-Yanez		Date of Receipt
	Mailing Address Employee #116484 50 Beale St.,		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield of CA		Occupation Employee	Transaction ID: SA11AI.9767
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="292.50"/>
			Payroll contribution per cycle \$22.50

B.	Full Name (Last, First, Middle Initial) Amna Khan-Mirza		Date of Receipt
	Mailing Address 113797 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield		Occupation Employee	Transaction ID: SA11AI.9768
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="225.00"/>	<input type="text" value="45.00"/>
			Payroll contribution per cycle \$15.00

C.	Full Name (Last, First, Middle Initial) Tina Kibler		Date of Receipt
	Mailing Address 115267 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield of California		Occupation employee	Transaction ID: SA11AI.9770
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="482.50"/>	<input type="text" value="120.00"/>
			Payroll contribution per cycle \$40.00

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="457.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 35 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Keith Kim

Mailing Address Employee #115487
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.9771

Amount of Each Receipt this Period 325.00

Payroll contribution per cycle \$25.00

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

Mailing Address emp 109394
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 ▼ 260.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.9772

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

C. Full Name (Last, First, Middle Initial)
Herbert F. Kirschner

Mailing Address emp 113702
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 ▼ 425.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.9773

Amount of Each Receipt this Period 325.00

Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional) ▶ **780.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 015642
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 ▼ 390.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9774
Amount of Each Receipt this Period 195.00
Payroll contribution per cycle \$15.00

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

Mailing Address emp 062157, 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 ▼ 260.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9775
Amount of Each Receipt this Period 130.00
Payroll contribution per cycle \$10.00

C. Full Name (Last, First, Middle Initial)
Richard Larsen

Mailing Address Employee #114372
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9778
Amount of Each Receipt this Period 195.00
Payroll contribution per cycle \$15.00

SUBTOTAL of Receipts This Page (optional) ▶ **520.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 84
	<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) Janice A Lea		Date of Receipt
	Mailing Address 112048 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9779
Name of Employer Blue Shield		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	325.00
		Payroll contribution per cycle \$25.00	

B.	Full Name (Last, First, Middle Initial) Janice Levinsky		Date of Receipt
	Mailing Address 111653 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9782
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	195.00
		Payroll contribution per cycle \$15.00	

C.	Full Name (Last, First, Middle Initial) Laura Lewis		Date of Receipt
	Mailing Address 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9786
Name of Employer Blue Shield of California		Occupation employee # 022384	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 585.00	292.50
		Payroll contribution per cycle \$22.50	

SUBTOTAL of Receipts This Page (optional)	812.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 84
(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)
Anthony Lipp

Mailing Address 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 # 004138

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9787

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

B. Full Name (Last, First, Middle Initial)
Louis Lombardo

Mailing Address emp 15859
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 ▼ 585.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9788

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

C. Full Name (Last, First, Middle Initial)
Melissa Loura

Mailing Address 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 # 026790

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9790

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional) ▶ **715.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 84
(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) Kathleen M. Lucke		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 111911 50 Beale Street		Transaction ID: SA11AI.9791
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 431.60
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$30.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 857.79	

B.

Full Name (Last, First, Middle Initial) Michael Lujan		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 112179 50 Beale Street		Transaction ID: SA11AI.9794
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
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 ▼ 650.00	

C.

Full Name (Last, First, Middle Initial) Kathleen Lynaugh		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 109411 50 Beale Street		Transaction ID: SA11AI.9795
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional)	1146.60
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 40 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Elinor Mackinnon

Mailing Address emp 113314, 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 ▼ 1385.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9796
 Amount of Each Receipt this Period: 715.00
 Payroll contribution per cycle \$55.00

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

Mailing Address Employee #116330
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9797
 Amount of Each Receipt this Period: 325.00
 Payroll contribution per cycle \$25.00

C. Full Name (Last, First, Middle Initial)
Fred J. Mann

Mailing Address emp 61151
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 ▼ 260.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9798
 Amount of Each Receipt this Period: 130.00
 Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional) ► 1170.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 84
(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) Paul Markovich		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 16510 50 Beale Street		Transaction ID: SA11AI.9799
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1066.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$82.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2087.00	

B.

Full Name (Last, First, Middle Initial) Thomas McCaffery		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 115792 50 Beale Street		Transaction ID: SA11AI.9802
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

C.

Full Name (Last, First, Middle Initial) Shelley McFarland		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 061236, 50 Beale Street		Transaction ID: SA11AI.9804
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.57
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$8.89
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.34	

SUBTOTAL of Receipts This Page (optional)	1581.57
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 84

(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) Catherine McGee		Date of Receipt
	Mailing Address Employee #117004 50 Beale St.,		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield of CA		Occupation Employee	Transaction ID: SA11AI.9805
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="325.00"/>
		<input type="text" value="425.00"/>	Payroll contribution per cycle \$25.00

B.	Full Name (Last, First, Middle Initial) Shannon McGriff-Smith		Date of Receipt
	Mailing Address Employee #117287 50 Beale St.,		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield of CA		Occupation Employee	Transaction ID: SA11AI.9806
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="260.00"/>
		<input type="text" value="340.00"/>	Payroll contribution per cycle \$20.00

C.	Full Name (Last, First, Middle Initial) David McGuerty		Date of Receipt
	Mailing Address Employee #116388 50 Beale St.,		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield of CA		Occupation Employee	Transaction ID: SA11AI.9807
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="195.00"/>
		<input type="text" value="255.00"/>	Payroll contribution per cycle \$15.00

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="780.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 84
(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)
Andrea Minarcin

Mailing Address 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 # 114753

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9810

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

B. Full Name (Last, First, Middle Initial)
Kristen Miranda

Mailing Address emp 113904, 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 ▼ 640.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9811

Amount of Each Receipt this Period 520.00

Payroll contribution per cycle \$40.00

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

Mailing Address 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 # 114117

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9812

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional) ► 780.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Diane Moss

Mailing Address Employee #114418
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 of CA Employee

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9813

Amount of Each Receipt this Period
195.00

Payroll contribution per cycle \$15.00

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

Mailing Address emp 113067, 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 ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9814

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

C. Full Name (Last, First, Middle Initial)
Jon Murphy

Mailing Address emp 112151
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 ▼
373.79

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9815

Amount of Each Receipt this Period
189.67

Payroll contribution per cycle \$14.59

SUBTOTAL of Receipts This Page (optional) ► **709.67**

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

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

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

FOR LINE NUMBER: PAGE 45 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 921.67
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9816
 Amount of Each Receipt this Period 465.66
 Payroll contribution per cycle \$35.82

B. Full Name (Last, First, Middle Initial)
 Michelle Nast
 Mailing Address Employee #112744
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9817
 Amount of Each Receipt this Period 195.00
 Payroll contribution per cycle \$15.00

C. Full Name (Last, First, Middle Initial)
 Paul Nicknig
 Mailing Address 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 # 112383
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9818
 Amount of Each Receipt this Period 292.50
 Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional) ► **953.16**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 46 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Christopher O'Brien

Mailing Address Employee #116255
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9819

Amount of Each Receipt this Period 325.00

Payroll contribution per cycle \$25.00

B. Full Name (Last, First, Middle Initial)
Brian O'Leary

Mailing Address emp 113278
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 ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9821

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

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

Mailing Address Employee #040096 50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9822

Amount of Each Receipt this Period 275.00

Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional) ► 730.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 84
	<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) Jenni Owens		Date of Receipt
	Mailing Address emp 032219 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9823
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	225.00
			Payroll contribution per cycle \$25.00

B.	Full Name (Last, First, Middle Initial) Omar Padilla		Date of Receipt
	Mailing Address emp 116312 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9826
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	130.00
			Payroll contribution per cycle \$10.00

C.	Full Name (Last, First, Middle Initial) William Panek		Date of Receipt
	Mailing Address emp 18535 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9828
Name of Employer Blue Shield of California		Occupation Medical Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	130.00
			Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional)	485.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 48 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Armine Papouchian-Kulinski
 Mailing Address Employee #115680
 50 Beale St.,
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.9829
 Amount of Each Receipt this Period
 225.00
 Payroll contribution per cycle \$25.00
 Name of Employer Occupation
 Blue Shield of CA Employee
 FEC ID number of contributing federal political committee. **C**
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 275.00

B. Full Name (Last, First, Middle Initial)
 Edith Parker
 Mailing Address emp 058223
 50 Beale Street
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.9830
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00
 Name of Employer Occupation
 Blue Shield of California employee
 FEC ID number of contributing federal political committee. **C**
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 260.00

C. Full Name (Last, First, Middle Initial)
 Jeffrey Passaro
 Mailing Address emp 018615
 50 Beale Street
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.9831
 Amount of Each Receipt this Period
 195.00
 Payroll contribution per cycle \$15.00
 Name of Employer Occupation
 Blue Shield of California employee
 FEC ID number of contributing federal political committee. **C**
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 390.00

SUBTOTAL of Receipts This Page (optional) ► **550.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 84
	<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) Perri Perrin	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 108823 50 Beale Street	Transaction ID: SA11AI.9833
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	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 ▼ 215.00	

B.	Full Name (Last, First, Middle Initial) Linda Pietraczyk	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 116110 50 Beale Street	Transaction ID: SA11AI.9835
	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 \$25.00
	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 ▼ 470.00	

C.	Full Name (Last, First, Middle Initial) Pamela Pisarczyk	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #112841 50 Beale St.,	Transaction ID: SA11AI.9836
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00
	Name of Employer Occupation Blue Shield of CA Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 84
	<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 Prather	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 115817 50 Beale Street	Transaction ID: SA11AI.9838
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	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 ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Kimberley Reed	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 109736 50 Beale Street	Transaction ID: SA11AI.9843
	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 \$25.00
	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 ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Julie Reid	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 032370 50 Beale Street	Transaction ID: SA11AI.9844
	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 \$25.00
	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 ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	780.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 84
(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) Kenneth Reid		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 112508 50 Beale Street		Transaction ID: SA11AI.9845
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$10.00
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) Diana Reynolds		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 50 Beale Street		Transaction ID: SA11AI.9846
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 146.25
Name of Employer Blue Shield of California	Occupation employee # 115295	Payroll contribution per cycle \$11.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

C.

Full Name (Last, First, Middle Initial) Kathy Richards		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 109053 50 Beale Street		Transaction ID: SA11AI.9847
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer Blue Shield of California	Occupation Director	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 ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	926.25
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 84
	<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) Mika D. Riedinger		Date of Receipt	
	Mailing Address emp 27156 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9848
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		240.11	
	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 ▼ 479.98		

B.	Full Name (Last, First, Middle Initial) Karen Rinaldi		Date of Receipt	
	Mailing Address emp 111645 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9849
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		172.64	
	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 ▼ 343.03		

C.	Full Name (Last, First, Middle Initial) Thad Roake		Date of Receipt	
	Mailing Address 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9850
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1066.92	
	Name of Employer Blue Shield of California		Occupation employee # 115536	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4247.33		

SUBTOTAL of Receipts This Page (optional)	1479.67
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 53 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Julie Roberts

Mailing Address 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 # 113789

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.9851

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

B. Full Name (Last, First, Middle Initial)
Norvita Robinson

Mailing Address emp 111723, 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 Occupation employee

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.9852

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

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

Mailing Address Employee #117042
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 CA Occupation Employee

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.9853

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional) ► **585.00**

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

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

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

FOR LINE NUMBER: PAGE 54 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Garry Ronco

Mailing Address 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 # 115653

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 627.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9854

Amount of Each Receipt this Period 325.00

Payroll contribution per cycle \$25.00

B. Full Name (Last, First, Middle Initial)
Martha Saafir

Mailing Address 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 # 095645

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9855

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

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

Mailing Address 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 # 114287

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9856

Amount of Each Receipt this Period 195.00

Payroll contribution per cycle \$15.00

SUBTOTAL of Receipts This Page (optional) ► 650.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 84
(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) Joseph Safran		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 109164, 50 Beale Street		Transaction ID: SA11AI.9857
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Richard Salow		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 50 Beale Street		Transaction ID: SA11AI.9858
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Blue Shield of California	Occupation employee # 115516	Payroll contribution per cycle \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00	

C.

Full Name (Last, First, Middle Initial) Lauri Satterwhaite		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 29223 50 Beale Street		Transaction ID: SA11AI.9859
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	780.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 56 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Derek Schneider
 Mailing Address emp 116208
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Transaction ID: SA11AI.9861
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00
 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 ▼ 650.00

B. Full Name (Last, First, Middle Initial)
 Naixiu Shen
 Mailing Address emp 115834
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Transaction ID: SA11AI.9862
 Amount of Each Receipt this Period 130.00
 Payroll contribution per cycle \$10.00
 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 ▼ 260.00

C. Full Name (Last, First, Middle Initial)
 Ashlie Simpson
 Mailing Address Employee #117119
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Transaction ID: SA11AI.9863
 Amount of Each Receipt this Period 180.00
 Payroll contribution per cycle \$15.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

SUBTOTAL of Receipts This Page (optional) ▶ **635.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 84
	<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) Jason Sims	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.9864
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00
	Name of Employer Blue Shield of California Occupation employee # 112432 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) Deborah Smith	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.9865
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 214.50
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$16.50
	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 ▼ 429.00	

C.	Full Name (Last, First, Middle Initial) Kathleen Solorio	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 112408 50 Beale Street	Transaction ID: SA11AI.9866
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	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	

SUBTOTAL of Receipts This Page (optional)	539.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 84
	<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) Renato A. Sousa		Date of Receipt	
	Mailing Address 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9868
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		174.85	
Name of Employer Blue Shield of California		Occupation employee # 113148		Payroll contribution per cycle \$13.45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		348.05		

B.	Full Name (Last, First, Middle Initial) Robert Spector		Date of Receipt	
	Mailing Address emp 114420, 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9869
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		283.86	
Name of Employer Blue Shield		Occupation employee		Payroll contribution per cycle \$21.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		561.57		

C.	Full Name (Last, First, Middle Initial) Nancy Sproull		Date of Receipt	
	Mailing Address emp 112910, 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9871
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		130.00	
Name of Employer Blue Shield		Occupation employee		Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		215.00		

SUBTOTAL of Receipts This Page (optional)	▶	588.71
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 84
(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) Nancy Stalker		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 16479 50 Beale Street		Transaction ID: SA11AI.9872
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Blue Shield of California	Occupation Vice President, Pharmacy Services	Payroll contribution per cycle \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

B.

Full Name (Last, First, Middle Initial) Robert F. Stephenson		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 32257 50 Beale Street		Transaction ID: SA11AI.9873
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Susan Stephenson		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 109942, 50 Beale Street		Transaction ID: SA11AI.9874
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 60 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Mary C StJohn
 Mailing Address 50 Beale St
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9875
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00
 Name of Employer Blue Shield of CA Occupation Employee
 FEC ID number of contributing federal political committee. **C**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 325.00

B. Full Name (Last, First, Middle Initial)
 Kimberly Streit
 Mailing Address emp 095254
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9876
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00
 Name of Employer Blue Shield of California Occupation employee
 FEC ID number of contributing federal political committee. **C**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 650.00

C. Full Name (Last, First, Middle Initial)
 Malcolm Strohson Jr.
 Mailing Address 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9877
 Amount of Each Receipt this Period 292.50
 Payroll contribution per cycle \$22.50
 Name of Employer Blue Shield of California Occupation employee # 115599
 FEC ID number of contributing federal political committee. **C**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 585.00

SUBTOTAL of Receipts This Page (optional) ► **942.50**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 84
	<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) Douglas Sturnick		Date of Receipt	
	Mailing Address emp 111996 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9878
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		325.00	
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 ▼		
		425.00		

B.	Full Name (Last, First, Middle Initial) Preddis Sullivan		Date of Receipt	
	Mailing Address emp 115476 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9879
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		325.00	
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 ▼		
		650.00		

C.	Full Name (Last, First, Middle Initial) Lyle Swallow		Date of Receipt	
	Mailing Address emp 18612 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9880
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		975.00	
Name of Employer Blue Shield of California		Occupation Counsel		Payroll contribution per cycle \$75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1950.00		

SUBTOTAL of Receipts This Page (optional)	▶	1625.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 62 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Yvonne Tatsuno
 Mailing Address Employee #116843
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9881
 Amount of Each Receipt this Period
 292.50
 Payroll contribution per cycle \$22.50
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 382.50

B. Full Name (Last, First, Middle Initial)
 James Taylor
 Mailing Address emp 112237, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9882
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00
 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 ▼ 260.00

C. Full Name (Last, First, Middle Initial)
 Eric Terndrup
 Mailing Address emp 114199
 50 Beale St.
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9883
 Amount of Each Receipt this Period
 385.97
 Payroll contribution per cycle \$29.69
 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 ▼ 765.54

SUBTOTAL of Receipts This Page (optional) ► **808.47**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 84

(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) Ryan Thompson		Date of Receipt
	Mailing Address emp 114592, 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield		Occupation employee	Transaction ID: SA11AI.9885
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="390.00"/>	<input type="text" value="195.00"/>
			Payroll contribution per cycle \$15.00

B.	Full Name (Last, First, Middle Initial) Phyllis Thrush		Date of Receipt
	Mailing Address Employee #116787 50 Beale St.,		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield of CA		Occupation Employee	Transaction ID: SA11AI.9886
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="425.00"/>	<input type="text" value="325.00"/>
			Payroll contribution per cycle \$25.00

C.	Full Name (Last, First, Middle Initial) Joanne Trenam		Date of Receipt
	Mailing Address emp 020511, 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield		Occupation employee	Transaction ID: SA11AI.9889
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="260.00"/>	<input type="text" value="130.00"/>
			Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="650.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 64 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Margaret Trevor

Mailing Address emp 115606
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 ▼ 650.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9890
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00

B. Full Name (Last, First, Middle Initial)
Ernest Valente

Mailing Address Employee #113862
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9892
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00

C. Full Name (Last, First, Middle Initial)
Karen Vigil

Mailing Address 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 ▼ 975.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9896
 Amount of Each Receipt this Period 225.00
 Payroll contribution per cycle \$75.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 84
(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) Christine Vogt-Wingerath		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address Employee #117001 50 Beale St.,		Transaction ID: SA11AI.9897
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

B.

Full Name (Last, First, Middle Initial) Sonya Wade		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 113639 50 Beale Street		Transaction ID: SA11AI.9899
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.

Full Name (Last, First, Middle Initial) Robert Wadsworth		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 18560 50 Beale Street		Transaction ID: SA11AI.9900
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional)	705.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 / 84
<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) Robert Walker		Date of Receipt
	Mailing Address Employee #116567 50 Beale St.,		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9901
Name of Employer Blue Shield of CA		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="200.00"/>
		<input type="text" value="300.00"/>	Payroll contribution per cycle \$25.00

B.	Full Name (Last, First, Middle Initial) Robert Walsh		Date of Receipt
	Mailing Address Employee #115812 50 Beale St.,		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9902
Name of Employer Blue Shield of CA		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="325.00"/>
		<input type="text" value="425.00"/>	Payroll contribution per cycle \$25.00

C.	Full Name (Last, First, Middle Initial) Troy Ward		Date of Receipt
	Mailing Address 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9903
Name of Employer Blue Shield of California		Occupation employee # 114007	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="292.50"/>
		<input type="text" value="585.00"/>	Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="817.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 67 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address emp 113379, 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 ▼ 520.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9904

Amount of Each Receipt this Period 260.00

Payroll contribution per cycle \$20.00

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

Mailing Address 114691 50 Beale St

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1210.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9905

Amount of Each Receipt this Period 650.00

Payroll contribution per cycle \$50.00

C. Full Name (Last, First, Middle Initial)
Bonnie Wells

Mailing Address emp 113298 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 ▼ 345.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9906

Amount of Each Receipt this Period 195.00

Payroll contribution per cycle \$15.00

SUBTOTAL of Receipts This Page (optional) ► 1105.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kim Westfall

Mailing Address emp 115515
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 ▼ 260.00

Date of Receipt MM / DD / YYYY 12 / 31 / 2009

Transaction ID: SA11AI.9908

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

B. Full Name (Last, First, Middle Initial)
Jayne Whitelaw

Mailing Address Employee #115978
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt MM / DD / YYYY 12 / 31 / 2009

Transaction ID: SA11AI.9909

Amount of Each Receipt this Period 325.00

Payroll contribution per cycle \$25.00

C. Full Name (Last, First, Middle Initial)
Evelyn Whitfield

Mailing Address Employee #115718
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt MM / DD / YYYY 12 / 31 / 2009

Transaction ID: SA11AI.9910

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional) ► **747.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 84
(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)
Noel Whitman

Mailing Address 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 # 114963

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9911

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

B.

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

Mailing Address emp 111756
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 ▼ 780.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9912

Amount of Each Receipt this Period 390.00

Payroll contribution per cycle \$30.00

C.

Full Name (Last, First, Middle Initial)
Jered Wilson

Mailing Address 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 # 115412

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9919

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional) ► 975.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 84
(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)
Jason Wong

Mailing Address emp 112700, 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 Occupation 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
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9923

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

B.

Full Name (Last, First, Middle Initial)
Amy Yao

Mailing Address 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 #115363

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9926

Amount of Each Receipt this Period
390.00

Payroll contribution per cycle \$30.00

C.

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

Mailing Address 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 # 111926

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9927

Amount of Each Receipt this Period
292.50

Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional)	812.50
TOTAL This Period (last page this line number only)	58813.68

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 84
	<input 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 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) DAVE CAMP FOR CONGRESS 2010		Date of Receipt
	Mailing Address 5915 Eastman Avenue Suite 100		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 1 / 2 0 0 9
	City	State	Zip Code
	Midland	MI	48640
	FEC ID number of contributing federal political committee.		C C00347476
Name of Employer		Occupation	Transaction ID: SA16.9986
Receipt For: 2010		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	<input type="text"/> 1000.00
<input type="checkbox"/> Other (specify) ▼			
			Refund of Excess contribution for 2010 Primary

B.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID		Date of Receipt
	Mailing Address P.O. BOX 19163		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 9 / 2 3 / 2 0 0 9
	City	State	Zip Code
	LAS VEGAS	NV	89132
	FEC ID number of contributing federal political committee.		C C00204370
Name of Employer		Occupation	Transaction ID: SA16.9988
Receipt For: 2009		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3300.00	<input type="text"/> 3300.00
<input type="checkbox"/> Other (specify) ▼			
			Refund of excess contribution for 2009 Primary

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 4300.00
TOTAL This Period (last page this line number only)	<input type="text"/> 4300.00

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name ANNA ESHOO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9938</p> <p>Date of Disbursement 08 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B. Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement In kind: Conference Room Facilities</p> <p>Candidate Name ANNA ESHOO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10015</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 212.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) BENNET FOR COLORADO</p> <p>Mailing Address 1900 GRANT STREET SUITE 1170</p> <p>City DENVER State CO Zip Code 80203</p> <p>Purpose of Disbursement 2009 Primary Contribution</p> <p>Candidate Name MICHAEL F BENNET</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10004</p> <p>Date of Disbursement 08 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

A.	Full Name (Last, First, Middle Initial) BILL NELSON FOR U S SENATE	Transaction ID: SB23.10012 Date of Disbursement
	Mailing Address 500 RED SAIL WAY	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City SATELITE BEACH State FL Zip Code 32937	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Primary	<input type="text" value="2000.00"/>
	Candidate Name BILL NELSON	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 00	

B.	Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE	Transaction ID: SB23.9962 Date of Disbursement
	Mailing Address 6849 Old Dominion Drive Suite 222	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Contribution	<input type="text" value="2500.00"/>
	Candidate Name BLUE DOG POLITICAL ACTION COMMITTEE	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.9973 Date of Disbursement
	Mailing Address PO Box 17813	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 General Election	<input type="text" value="3000.00"/>
	Candidate Name CANTOR FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
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

A. Full Name (Last, First, Middle Initial) CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM-PAC) Mailing Address 2501 Wisconsin Ave., NW, #304 City Washington State DC Zip Code 20007 Purpose of Disbursement 2009 Primary Election Candidate Name CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.9940 Date of Disbursement 09 / 09 / 2009
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010 Mailing Address 5915 Eastman Avenue Suite 100 City Midland State MI Zip Code 48640 Purpose of Disbursement 2009 General Election Candidate Name DAVE CAMP FOR CONGRESS 2010 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04	Transaction ID: SB23.9964 Date of Disbursement 11 / 02 / 2009
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) DENALI LEADERSHIP PAC Mailing Address 16158 ESSEX PARK DRIVE City ANCHORAGE State AK Zip Code 99516 Purpose of Disbursement 2009 Primary Election Candidate Name DENALI LEADERSHIP PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.9954 Date of Disbursement 10 / 08 / 2009
	Amount of Each Disbursement this Period 2000.00

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

A.	Full Name (Last, First, Middle Initial) DIRIGO PAC	Transaction ID: SB23.9975 Date of Disbursement
	Mailing Address PO Box 1355	<input type="text" value="12"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Alexandria State VA Zip Code 22313	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 General Election	<input type="text" value="1000.00"/>
	Candidate Name DIRIGO PAC	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ENZI FOR US SENATE	Transaction ID: SB23.9948 Date of Disbursement
	Mailing Address PO BOX 2775	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City CODY State WY Zip Code 82414	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Primary Election	<input type="text" value="1000.00"/>
	Candidate Name MICHAEL B ENZI	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WY District: 00	

C.	Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE	Transaction ID: SB23.9937 Date of Disbursement
	Mailing Address 1212 S VICTORY BLVD	<input type="text" value="08"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BURBANK State CA Zip Code 91502	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Primary Election	<input type="text" value="2400.00"/>
	Candidate Name DIANNE FEINSTEIN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 00	

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 76 / 84

<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) FRIENDS FOR HARRY REID			Transaction ID: SB23.9956 Date of Disbursement																					
	Mailing Address P.O. BOX 19163			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0		0	8		2	0	0	9															
	City LAS VEGAS		State NV	Zip Code 89132		Amount of Each Disbursement this Period																			
Purpose of Disbursement 2009 General Election			<table border="1"> <tr> <td>Category/ Type</td> </tr> <tr> <td>3300.00</td> </tr> </table>		Category/ Type	3300.00																			
Category/ Type																									
3300.00																									
Candidate Name FRIENDS FOR HARRY REID			<table border="1"> <tr> <td>Category/ Type</td> </tr> <tr> <td></td> </tr> </table>		Category/ Type																				
Category/ Type																									
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: NV District: 00																									

B.	Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER			Transaction ID: SB23.9971 Date of Disbursement																					
	Mailing Address 2801 Turk Blvd., Suite 306			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	2		0	7		2	0	0	9															
	City San Francisco		State CA	Zip Code 94118		Amount of Each Disbursement this Period																			
Purpose of Disbursement 2009 Primary Election			<table border="1"> <tr> <td>Category/ Type</td> </tr> <tr> <td>1000.00</td> </tr> </table>		Category/ Type	1000.00																			
Category/ Type																									
1000.00																									
Candidate Name FRIENDS OF BARBARA BOXER			<table border="1"> <tr> <td>Category/ Type</td> </tr> <tr> <td></td> </tr> </table>		Category/ Type																				
Category/ Type																									
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: CA District: 00																									

C.	Full Name (Last, First, Middle Initial) FRIENDS OF BYRON DORGAN			Transaction ID: SB23.9959 Date of Disbursement																					
	Mailing Address PO BOX 871			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	0		2	6		2	0	0	9															
	City BISMARCK		State ND	Zip Code 58502		Amount of Each Disbursement this Period																			
Purpose of Disbursement 2009 Primary Election			<table border="1"> <tr> <td>Category/ Type</td> </tr> <tr> <td>1000.00</td> </tr> </table>		Category/ Type	1000.00																			
Category/ Type																									
1000.00																									
Candidate Name FRIENDS OF BYRON DORGAN			<table border="1"> <tr> <td>Category/ Type</td> </tr> <tr> <td></td> </tr> </table>		Category/ Type																				
Category/ Type																									
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: ND District: 00																									

SUBTOTAL of Disbursements This Page (optional)	▶	5300.00
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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER</p> <p>Mailing Address Post Office Box 1994 Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name JOHN S. TANNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 08</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9945</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE</p> <p>Mailing Address 200 NORTH PHILLIPS AVENUE STE L101</p> <p>City SIOUX FALLS State SD Zip Code 57104</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name JOHN THUNE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SD District: 00</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9952</p> <p>Date of Disbursement 10 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs</p> <p>Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name FRIENDS OF LOIS CAPPs</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 23</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9931</p> <p>Date of Disbursement 07 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

A. Full Name (Last, First, Middle Initial) FRIENDS OF MARK WARNER <hr/> Mailing Address 1029 NORTH ROYAL STREET 2ND FL <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement 2009 Primary Election Candidate Name FRIENDS OF MARK WARNER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9966 Date of Disbursement 11 / 13 / 2009
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER <hr/> Mailing Address 509 MADISON AVE SUITE 1902 <hr/> City NEW YORK State NY Zip Code 10022 <hr/> Purpose of Disbursement 2009 Primary Election Candidate Name CHARLES E SCHUMER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9977 Date of Disbursement 12 / 22 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC <hr/> Mailing Address PO BOX 1000 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement 2009 Primary Election Candidate Name GRASSLEY COMMITTEE INC <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9934 Date of Disbursement 07 / 23 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

<p>A. Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC</p> <p>Mailing Address PO BOX 1000</p> <p>City DES MOINES State IA Zip Code 50304</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name GRASSLEY COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9939</p> <p>Date of Disbursement 09 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement 2009 General Election</p> <p>Candidate Name HATCH ELECTION COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9965</p> <p>Date of Disbursement 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name STENY HAMILTON HOYER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9957</p> <p>Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

<p>A. Full Name (Last, First, Middle Initial) JIM COSTA FOR CONGRESS</p> <p>Mailing Address 2037 WEST BULLARD PMB #509</p> <p>City FRESNO State CA Zip Code 93711</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name JIM COSTA FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 20</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9947</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS</p> <p>Mailing Address 4590 Macarthur Boulevard Suite 500</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name JOHN CAMPBELL FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 48</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9974</p> <p>Date of Disbursement 12 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LEADERSHIP OF TODAY AND TOMORROW</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name LEADERSHIP OF TODAY AND TOMORROW</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9942</p> <p>Date of Disbursement 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

<p>A. Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS</p> <p>Mailing Address PO BOX 1738</p> <p>City SACRAMENTO State CA Zip Code 95812</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name MATSUI FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.9972</p> <p>Date of Disbursement 12 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</p> <p>Mailing Address 320 First Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.9933</p> <p>Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE</p> <p>Mailing Address 425 SECOND STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name NATIONAL REPUBLICAN SENATORIAL COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.9967</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

A.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: SB23.9968 Date of Disbursement 12 / 07 / 2009
	Mailing Address P.O. Box 8331	Amount of Each Disbursement this Period 2500.00
	City Fremont State CA Zip Code 94537	
	Purpose of Disbursement 2009 Primary 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 State: CA District: 13	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SCHIFF FOR CONGRESS	Transaction ID: SB23.9969 Date of Disbursement 12 / 07 / 2009
	Mailing Address 777 S. Figueroa St. Suite 4050	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90017	
	Purpose of Disbursement 2009 Primary Election	Category/ Type
	Candidate Name ADAM SCHIFF	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE	Transaction ID: SB23.9950 Date of Disbursement 09 / 30 / 2009
	Mailing Address PO Box 1500	Amount of Each Disbursement this Period 1000.00
	City Chico State CA Zip Code 95927	
	Purpose of Disbursement 2009 Primary Election	Category/ Type
	Candidate Name WALLY HERGER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	50700.00

**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 83 / 84

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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) Bank, Fees	Transaction ID: SB29.9994 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 57.77
Mailing Address 345 Montgomery Street	
City San Francisco State CA Zip Code 94101	
Purpose of Disbursement Account Analysis Fee	Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Bank, Fees	Transaction ID: SB29.9996 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 32.45
Mailing Address 345 Montgomery Street	
City San Francisco State CA Zip Code 94101	
Purpose of Disbursement Account Analysis Fee	Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Bank, Fees	Transaction ID: SB29.9997 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 34.85
Mailing Address 345 Montgomery Street	
City San Francisco State CA Zip Code 94101	
Purpose of Disbursement Account Analysis Fee	Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	125.07
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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Bank, Fees	Full Name (Last, First, Middle Initial)	Transaction ID: SB29.9998																					
	Bank, Fees	Date of Disbursement																					
Mailing Address	345 Montgomery Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	5	/	2	0	0	9														
City	San Francisco	State	CA	Zip Code	94101	Amount of Each Disbursement this Period																	
Purpose of Disbursement	Account Analysis Fee	Category/Type		64.21																			
Candidate Name																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																						

B. Bank, Fees	Full Name (Last, First, Middle Initial)	Transaction ID: SB29.9999																					
	Bank, Fees	Date of Disbursement																					
Mailing Address	345 Montgomery Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	6	/	2	0	0	9														
City	San Francisco	State	CA	Zip Code	94101	Amount of Each Disbursement this Period																	
Purpose of Disbursement	Account Analysis Fee	Category/Type		32.02																			
Candidate Name																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																						

C. Bank, Fees	Full Name (Last, First, Middle Initial)	Transaction ID: SB29.10000																					
	Bank, Fees	Date of Disbursement																					
Mailing Address	345 Montgomery Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	1	5	/	2	0	0	9														
City	San Francisco	State	CA	Zip Code	94101	Amount of Each Disbursement this Period																	
Purpose of Disbursement	Account Analysis Fee	Category/Type		32.65																			
Candidate Name																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	▶	128.88
TOTAL This Period (last page this line number only)	▶	253.95