

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 02 2004 in the State of CA

5. Covering Period 10 01 2004 through 11 22 2004

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 Tin Nguyen

Signature of Treasurer Electronically Filed by Tin Nguyen Date 04 18 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4		20419.52
Y	Y	Y	Y							
2	0	0	4							
(b) Cash on Hand at Beginning of Reporting Period .....	30281.07									
(c) Total Receipts (from Line 19) .....	7766.29	57301.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	38047.36	77721.48								
7. Total Disbursements (from Line 31) .....	13521.06	53195.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	24526.30	24526.30								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	0	4

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	6039.24	41533.38
(i) Itemized (use Schedule A) .....	1727.05	14768.58
(ii) Unitemized .....	7766.29	56301.96
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7766.29	56301.96
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
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)) .....	7766.29	57301.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7766.29	57301.96

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	4500.00	15500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	37500.00
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.....	21.06	195.18
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))..	13521.06	53195.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	13521.06	53195.18

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	7766.29	56301.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7766.29	56301.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 30
	<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)  
 Kenneth Sean Allen

Mailing Address emp 109049  
 50 Beale Street

City State Zip Code  
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 4

**Transaction ID:** SA11A1.4730

Amount of Each Receipt this Period  
 60.00

Recurring Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
 Dennis Alva

Mailing Address emp 109311  
 50 Beale Street

City State Zip Code  
 San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 276.16

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 4

**Transaction ID:** SA11A1.4731

Amount of Each Receipt this Period  
 51.78

Recurring Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
 Eric Barnett

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 4

**Transaction ID:** SA11A1.4735

Amount of Each Receipt this Period  
 75.00

Recurring Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>186.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Benjamin Bell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 16357 50 Beale Street		<b>Transaction ID:</b> SA11A1.4739
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 76.56	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
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 ▼ 408.32	

<b>B.</b> Full Name (Last, First, Middle Initial) Christopher Blood		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address 50 Beale Street		<b>Transaction ID:</b> SA11A1.4743
City State Zip Code San Francisco CA 94015	Amount of Each Receipt this Period 55.11	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
Name of Employer Blue Shield of California	Occupation Director, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.29	

<b>C.</b> Full Name (Last, First, Middle Initial) Bruce Bodaken		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 16451 50 Beale Street		<b>Transaction ID:</b> SA11A1.4744
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
Name of Employer Blue Shield of California	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	266.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<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)  
Eric Book

Mailing Address emp 110719  
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 Chief Medical Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 4

Transaction ID: SA11A1.4745

Amount of Each Receipt this Period  
120.00

Recurring Payroll Deduction

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

Mailing Address emp 108584  
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 Chief Information Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 4

Transaction ID: SA11A1.4746

Amount of Each Receipt this Period  
120.00

Recurring Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Debra Bowles

Mailing Address emp 16084  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 4

Transaction ID: SA11A1.4747

Amount of Each Receipt this Period  
45.00

Recurring Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	285.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 30
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Michael-Anne Browne		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 111514 50 Beale Street		<b>Transaction ID:</b> SA11A1.4750
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
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 ▼ 425.00	

<b>B.</b> Full Name (Last, First, Middle Initial) George R. Chadwell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 110628 50 Beale Street		<b>Transaction ID:</b> SA11A1.4752
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 39.21
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
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 ▼ 222.19	

<b>C.</b> Full Name (Last, First, Middle Initial) Christopher Ciano		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 112575 50 Beale Street		<b>Transaction ID:</b> SA11A1.4756
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
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 ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	264.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Bob Clifton		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 111654 50 Beale Street		Transaction ID: SA11A1.4757
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
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 ▼ 320.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Brian Clinch		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 45006 50 Beale Street		Transaction ID: SA11A1.4758
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 105.63	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
Name of Employer Blue Shield of California	Occupation Vice President, Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 598.57	

<b>C.</b> Full Name (Last, First, Middle Initial) Patricia R. Domenickine		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 111504 50 Beale Street		Transaction ID: SA11A1.4763
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 67.92	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
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 ▼ 384.88	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	233.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Peter Duncan		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 111590 50 Beale Street		<b>Transaction ID:</b> SA11A1.4766
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 61.05	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 527.12	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Peter Duncan		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 111590 50 Beale Street		<b>Transaction ID:</b> SA11A1.4767
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 46.50	
FEC ID number of contributing federal political committee. C	One-Time Extra Contribution	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 573.62	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Epstein		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 110249 50 Beale Street		<b>Transaction ID:</b> SA11A1.4770
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 115.50	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Vice President, Public Affairs	Aggregate Year-to-Date ▼ 654.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	223.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Betsy Figueiro-Steinbrueck		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 54003 50 Beale Street		Transaction ID: SA11A1.4772	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 38.64	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Blue Shield of California Occupation Employee		Aggregate Year-to-Date ▼ 206.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Geyer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 42026 50 Beale Street		Transaction ID: SA11A1.4778	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Blue Shield of California Occupation Vice President		Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Lisa Ghotbi		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 108225 50 Beale Street		Transaction ID: SA11A1.4779	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Blue Shield of California Occupation Director		Aggregate Year-to-Date ▼ 1700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	413.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ketan Gima</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 112246 50 Beale Street		Transaction ID: SA11A1.4780	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Manager		Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Shelly P. Hubner</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 18622 50 Beale Street		Transaction ID: SA11A1.4791	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee		Aggregate Year-to-Date ▼ 320.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Marianne Jackson</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 112372 50 Beale Street		Transaction ID: SA11A1.4796	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 149.88	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Senior Vice President, Human Resources		Aggregate Year-to-Date ▼ 849.32	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	359.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 30
	<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)  
 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 Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.20

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 4

Transaction ID: SA11A1.4799

Amount of Each Receipt this Period  
 46.80

Recurring Payroll Deduction

**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 Blue Shield of California Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 4

Transaction ID: SA11A1.4800

Amount of Each Receipt this Period  
 60.00

Recurring Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
 Heidi Kunz

Mailing Address emp 112238  
 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 Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1633.19

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 4

Transaction ID: SA11A1.4804

Amount of Each Receipt this Period  
 288.21

Recurring Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>395.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Clifford Lange		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address 50 Beale Street		<b>Transaction ID:</b> SA11A1.4805	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 208.17	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Chief Analytics Officer		Aggregate Year-to-Date ▼ 1179.63	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Gerald Linnins		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address 4207 Town Center Blvd		<b>Transaction ID:</b> SA11A1.4809	
City State Zip Code El Dorado Hills CA 95762		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee		Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Christopher Long		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 109838 50 Beale Street		<b>Transaction ID:</b> SA11A1.4812	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 40.83	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee		Aggregate Year-to-Date ▼ 220.59	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>399.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Kathleen M. Lucke		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 111911 50 Beale Street		Transaction ID: SA11A1.4813	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 55.14		
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction		
Name of Employer Blue Shield of California	Occupation Employee	Aggregate Year-to-Date ▼ 289.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Michael Lujan		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 112179 50 Beale Street		Transaction ID: SA11A1.4814	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction		
Name of Employer Blue Shield of California	Occupation Employee	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Kathleen Lynaugh		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 109411 50 Beale Street		Transaction ID: SA11A1.4815	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction		
Name of Employer Blue Shield of California	Occupation Employee	Aggregate Year-to-Date ▼ 510.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	220.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. David Lytle</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 109982 50 Beale Street		Transaction ID: SA11A1.4816	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction 0.00		
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 320.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Paul Markovich</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 16510 50 Beale Street		Transaction ID: SA11A1.4818	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 115.38		
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction 0.00		
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 653.82		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Cynthia Martin</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 111441 50 Beale Street		Transaction ID: SA11A1.4820	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 72.24		
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction 0.00		
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 409.36		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	247.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Morgan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4	
Mailing Address 50 Beale Street		<b>Transaction ID:</b> SA11A1.6020	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Manual Check Contribution		
Name of Employer Blue Shield Occupation Employee	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Debbie Naegle		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 16484 50 Beale Street		<b>Transaction ID:</b> SA11A1.4829	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 67.92		
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction		
Name of Employer Blue Shield of California Occupation Employee	Aggregate Year-to-Date ▼ 350.83		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Emmalee Noble		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 19608 50 Beale Street		<b>Transaction ID:</b> SA11A1.4831	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction		
Name of Employer Blue Shield of California Occupation Controller	Aggregate Year-to-Date ▼ 340.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	427.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 / 30
<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Novelli		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 111112 50 Beale Street		<b>Transaction ID:</b> SA11A1.4832	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 155.91	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Senior Vice President		Aggregate Year-to-Date ▼ 883.49	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) William Panek		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 18535 50 Beale Street		<b>Transaction ID:</b> SA11A1.4833	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Medical Director		Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Kathy Richards		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 109053 50 Beale Street		<b>Transaction ID:</b> SA11A1.4838	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Director		Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	335.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 30
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Lisa Rubino		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 75263 50 Beale Street		<b>Transaction ID:</b> SA11A1.4841	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Gilbert Solomon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 111700 50 Beale Street		<b>Transaction ID:</b> SA11A1.4848	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 124.23	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 614.79	

<b>C.</b> Full Name (Last, First, Middle Initial) Nancy Stalker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4	
Mailing Address emp 16479 50 Beale Street		<b>Transaction ID:</b> SA11A1.4849	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Vice President, Pharmacy Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	304.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 30
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Mary C. St John		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 95485 50 Beale Street		<b>Transaction ID:</b> SA11A1.4851
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Employee	Aggregate Year-to-Date ▼ 425.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Susan Stoeker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 111872 50 Beale Street		<b>Transaction ID:</b> SA11A1.4852
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Marketing Manager	Aggregate Year-to-Date ▼ 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth Stone		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 109541 50 Beale Street		<b>Transaction ID:</b> SA11A1.4853
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Senior Director	Aggregate Year-to-Date ▼ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	360.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Douglas Sturnick</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 111996 50 Beale Street		Transaction ID: SA11A1.4855
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 39.09	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
Name of Employer Blue Shield of California Occupation Employee	Aggregate Year-to-Date ▼ 463.28	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lyle Swallow</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 18612 50 Beale Street		Transaction ID: SA11A1.4856
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
Name of Employer Blue Shield of California Occupation Counsel	Aggregate Year-to-Date ▼ 680.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joe Tirado</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address 50 Beale Street		Transaction ID: SA11A1.4857
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 80.37	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
Name of Employer Blue Shield of California Occupation Employee	Aggregate Year-to-Date ▼ 428.63	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	239.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 30
	<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)  
Angelique Tompkins

Mailing Address emp 112717  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 4

Transaction ID: SA11A1.4859

Amount of Each Receipt this Period  
45.00

Recurring Payroll Deduction

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

Mailing Address emp 18560  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 226.44

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 4

Transaction ID: SA11A1.4864

Amount of Each Receipt this Period  
39.96

Recurring Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Peter Walker

Mailing Address emp 109506  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.56

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 4

Transaction ID: SA11A1.4866

Amount of Each Receipt this Period  
46.98

Recurring Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	131.94
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 30
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Ms Janet D. Widmann		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 111756 50 Beale Street		<b>Transaction ID:</b> SA11A1.4868
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
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 ▼ 340.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms Fiona M. Wilmot		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 111587 50 Beale Street		<b>Transaction ID:</b> SA11A1.4870
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 48.54
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
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 ▼ 275.06	

<b>C.</b> Full Name (Last, First, Middle Initial) Kenneth Wood		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address emp 16494 50 Beale Street		<b>Transaction ID:</b> SA11A1.4874
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 336.69
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
Name of Employer Blue Shield of California	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1907.91	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	445.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 30	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address emp 11926  
 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Senior Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 4

Transaction ID: SA11A1.4875

Amount of Each Receipt this Period  
 300.00

Recurring Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6039.24

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF DENNIS CARDOZA</b>		<b>Transaction ID: SB22.4673</b>	
Mailing Address 555 Capitol Mall Suite 1425		Date of Disbursement 10 / 27 / 2004	
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Election Support		011 Category/ Type	
Candidate Name FRIENDS OF DENNIS CARDOZA			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 18			

Full Name (Last, First, Middle Initial) <b>B. PAC TO THE FUTURE</b>		<b>Transaction ID: SB22.4675</b>	
Mailing Address PMB 3230 268 Bush Street		Date of Disbursement 10 / 10 / 2004	
City San Francisco	State CA	Zip Code 94104	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Election Support		008 Category/ Type	
Candidate Name PAC TO THE FUTURE			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District:			

Full Name (Last, First, Middle Initial) <b>C. SAC PAC</b>		<b>Transaction ID: SB22.4671</b>	
Mailing Address 8665 Wilshire Blvd. Suite 220		Date of Disbursement 10 / 06 / 2004	
City Beverly Hills	State CA	Zip Code 90211	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement R Matsui Leadership Support		011 Category/ Type	
Candidate Name SAC PAC			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4500.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. BILL THOMAS CAMPAIGN COMMITTEE</b>		<b>Transaction ID: SB23.4692</b> Date of Disbursement 10 / 19 / 2004
Mailing Address PO BOX 395		Amount of Each Disbursement this Period 1000.00
City BAKERSFIELD State CA Zip Code 93302	011 Category/ Type	
Purpose of Disbursement Election Support		
Candidate Name BILL THOMAS CAMPAIGN COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BUCK MCKEON FOR CONGRESS</b>		<b>Transaction ID: SB23.4677</b> Date of Disbursement 10 / 06 / 2004
Mailing Address 24265 San Fernando Road		Amount of Each Disbursement this Period 1000.00
City Santa Clarita State CA Zip Code 91321	011 Category/ Type	
Purpose of Disbursement Reelection Support		
Candidate Name BUCK MCKEON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DREIER FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.4694</b> Date of Disbursement 10 / 19 / 2004
Mailing Address P.O. BOX 505		Amount of Each Disbursement this Period 1000.00
City UPLAND State CA Zip Code 91785	011 Category/ Type	
Purpose of Disbursement Election Support		
Candidate Name DREIER FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. DUNCAN HUNTER</b>		<b>Transaction ID: SB23.4698</b> Date of Disbursement 10 / 19 / 2004
Mailing Address 9340 Fuerte Drive Suite 302 9340 Fuerte Drive Suite 302		Amount of Each Disbursement this Period 1500.00
City La Mesa State CA Zip Code 91941	Purpose of Disbursement Election Support Candidate Name DUNCAN HUNTER Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LEWIS, JERRY</b>		<b>Transaction ID: SB23.4680</b> Date of Disbursement 10 / 06 / 2004
Mailing Address PO BOX 247		Amount of Each Disbursement this Period 1000.00
City REDLANDS State CA Zip Code 92373	Purpose of Disbursement Reelection Support Candidate Name LEWIS, JERRY Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MARY BONO COMMITTEE</b>		<b>Transaction ID: SB23.4687</b> Date of Disbursement 10 / 19 / 2004
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 1000.00
City Palm Springs State CA Zip Code 92263	Purpose of Disbursement Election Support Candidate Name MARY BONO COMMITTEE Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. PETE STARK RE-ELECTION COMMITTEE</b>		<b>Transaction ID: SB23.4700</b> Date of Disbursement
Mailing Address P.O. Box 8331		<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="04"/>
City Fremont	State CA	Zip Code 94537
Purpose of Disbursement Election Support		<input type="text" value="1000.00"/>
Candidate Name PETE STARK RE-ELECTION COMMITTEE		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 13	

Full Name (Last, First, Middle Initial) <b>B. VINEPAC</b>		<b>Transaction ID: SB23.4683</b> Date of Disbursement
Mailing Address 607 14th Street NW Suite 800		<input type="text" value="10"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="04"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Mike Thompson Reelection Support		<input type="text" value="500.00"/>
Candidate Name VINEPAC		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District:	

Full Name (Last, First, Middle Initial) <b>C. WAXMAN CAMPAIGN</b>		<b>Transaction ID: SB23.4689</b> Date of Disbursement
Mailing Address 8665 Wilshire Blvd. #220		<input type="text" value="10"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="04"/>
City Beverly Hills	State CA	Zip Code 90211
Purpose of Disbursement Election Support		<input type="text" value="1000.00"/>
Candidate Name WAXMAN CAMPAIGN		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 30	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="9000.00"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 30

<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

Full Name (Last, First, Middle Initial)

**A. Bank, Fees**

Mailing Address 345 Montgomery Street

City San Francisco State CA Zip Code 94101

Purpose of Disbursement  
Analysis Charge  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.6048

Date of Disbursement

10 / 25 / 2004

Amount of Each Disbursement this Period

21.06

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

21.06

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

21.06