

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2005 through 03 31 2005

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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		32292.39
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	32292.39									
(c) Total Receipts (from Line 19) .....	17188.43	17188.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	49480.82	49480.82								
7. Total Disbursements (from Line 31) .....	15264.33	15264.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	34216.49	34216.49								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	7746.39	7746.39
(i) Itemized (use Schedule A) .....	9442.04	9442.04
(ii) Unitemized .....	17188.43	17188.43
(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) .....	17188.43	17188.43
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17188.43	17188.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17188.43	17188.43

**DETAILED SUMMARY PAGE**

of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	11250.00	11250.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
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.....	14.33	14.33
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))..	15264.33	15264.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15264.33	15264.33

**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 .....	17188.43	17188.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17188.43	17188.43
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 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b> Full Name (Last, First, Middle Initial) Bruce Bodaken		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 16451 50 Beale Street		<b>Transaction ID:</b> SA11A1.5055
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 270.00	
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 270.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Bruce Bodaken		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 16451 50 Beale Street		<b>Transaction ID:</b> SA11A1.6172
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Contribution Per Cycle \$9.00
Name of Employer Blue Shield of California	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Eric Book		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 110719 50 Beale Street		<b>Transaction ID:</b> SA11A1.5056
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
Name of Employer Blue Shield of California	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	555.00
<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 7 / 23
	<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 Occupation  
 Blue Shield of California Chief Medical Officer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 31 / 2005**

**Transaction ID: SA11A1.6173**

Amount of Each Receipt this Period  
 40.00

Payroll Contribution Per Cycle \$6.67

**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 Occupation  
 Blue Shield of California Chief Information Officer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 31 / 2005**

**Transaction ID: SA11A1.5057**

Amount of Each Receipt this Period  
 240.00

Recurring Payroll Deduction

**C.** 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 Occupation  
 Blue Shield of California Chief Information Officer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 31 / 2005**

**Transaction ID: SA11A1.6174**

Amount of Each Receipt this Period  
 40.00

Payroll Contribution Per Cycle \$6.67

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>320.00</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 8 / 23
	<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)  
Christopher Ciano

Mailing Address emp 112575  
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 ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: SA11A1.5068

Amount of Each Receipt this Period  
210.00

Recurring Payroll Deduction

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

Mailing Address emp 112575  
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 ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: SA11A1.6176

Amount of Each Receipt this Period  
35.00

Payroll Contribution Per Cycle \$5.83

**C.** Full Name (Last, First, Middle Initial)  
Brian Clinch

Mailing Address emp 45006  
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, Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 214.42

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: SA11A1.5070

Amount of Each Receipt this Period  
214.42

Recurring Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 459.42

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<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) Brian Clinch		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 45006 50 Beale Street		<b>Transaction ID:</b> SA11A1.6178
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 36.37	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Contribution Per Cycle \$6.06
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 ▼ 250.79	

<b>B.</b> Full Name (Last, First, Middle Initial) Peter Duncan		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 111590 50 Beale Street		<b>Transaction ID:</b> SA11A1.5078
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 231.16	
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 ▼ 231.16	

<b>C.</b> Full Name (Last, First, Middle Initial) Peter Duncan		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 111590 50 Beale Street		<b>Transaction ID:</b> SA11A1.6179
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Contribution Per Cycle \$4.16
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	292.53
<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 / 23
	<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. Thomas Epstein</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005	
Mailing Address emp 110249 50 Beale Street		<b>Transaction ID: SA11A1.5081</b>	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 231.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Blue Shield of California Occupation Vice President, Public Affairs		Aggregate Year-to-Date ▼ 231.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Thomas Epstein</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005	
Mailing Address emp 110249 50 Beale Street		<b>Transaction ID: SA11A1.6180</b>	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 38.50	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Contribution Per Cycle \$6.42	
Name of Employer Blue Shield of California Occupation Vice President, Public Affairs		Aggregate Year-to-Date ▼ 269.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Lisa Ghotbi</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005	
Mailing Address emp 108225 50 Beale Street		<b>Transaction ID: SA11A1.5088</b>	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Blue Shield of California Occupation Director		Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>869.50</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 23
	<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) Lisa Ghotbi		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 108225 50 Beale Street		<b>Transaction ID:</b> SA11A1.6097
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Payroll Contribution Per Cycle \$16.67	
Name of Employer Occupation Blue Shield of California Director	Aggregate Year-to-Date ▼ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Ketan Gima		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 112246 50 Beale Street		<b>Transaction ID:</b> SA11A1.5089
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	Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Manager	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Ketan Gima		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 112246 50 Beale Street		<b>Transaction ID:</b> SA11A1.6098
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Payroll Contribution Per Cycle \$8.33	
Name of Employer Occupation Blue Shield of California Manager	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 23
	<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. Marianne Jackson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 112372 50 Beale Street		Transaction ID: SA11A1.5103
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 307.16	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
Name of Employer Blue Shield of California	Occupation Senior Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.16	

Full Name (Last, First, Middle Initial) <b>B. Marianne Jackson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 112372 50 Beale Street		Transaction ID: SA11A1.6182
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 53.04	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Contribution Per Cycle \$8.84
Name of Employer Blue Shield of California	Occupation Senior Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.20	

Full Name (Last, First, Middle Initial) <b>C. Ajay Kaul</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 113160 50 Beale Street		Transaction ID: SA11A1.5109
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 211.42	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
Name of Employer Blue Shield of California	Occupation Vice President of Treasury	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.42	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	571.62
<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 / 23
	<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) Ajay Kaul		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 113160 50 Beale Street		<b>Transaction ID:</b> SA11A1.6185
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 42.98	
FEC ID number of contributing federal political committee. C	Payroll Contribution Per Cycle \$7.16	
Name of Employer Occupation Blue Shield of California Vice President of Treasury	Aggregate Year-to-Date ▼ 254.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Heidi Kunz		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 112238 50 Beale Street		<b>Transaction ID:</b> SA11A1.5114
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 597.88	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Chief Financial Officer	Aggregate Year-to-Date ▼ 597.88	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Heidi Kunz		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 112238 50 Beale Street		<b>Transaction ID:</b> SA11A1.6186
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 105.72	
FEC ID number of contributing federal political committee. C	Payroll Contribution Per Cycle \$167.62	
Name of Employer Occupation Blue Shield of California Chief Financial Officer	Aggregate Year-to-Date ▼ 703.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	746.58
<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 / 23
	<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 Lynaugh		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005	
Mailing Address emp 109411 50 Beale Street		Transaction ID: SA11A1.6126	
City San Francisco	State CA	Amount of Each Receipt this Period 30.00	
Zip Code 94105		Payroll Contribution Per Cycle \$5.00	
FEC ID number of contributing federal political committee. C			
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 ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Paul Markovich		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005	
Mailing Address emp 16510 50 Beale Street		Transaction ID: SA11A1.5128	
City San Francisco	State CA	Amount of Each Receipt this Period 230.76	
Zip Code 94105		Recurring Payroll Deduction	
FEC ID number of contributing federal political committee. C			
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 ▼ 230.76		

Full Name (Last, First, Middle Initial) <b>C.</b> Paul Markovich		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005	
Mailing Address emp 16510 50 Beale Street		Transaction ID: SA11A1.6187	
City San Francisco	State CA	Amount of Each Receipt this Period 38.46	
Zip Code 94105		Payroll Contribution Per Cycle \$6.41	
FEC ID number of contributing federal political committee. C			
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 ▼ 269.22		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	299.22
<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 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Novelli		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 111112 50 Beale Street		<b>Transaction ID:</b> SA11A1.5140
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 323.30	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Senior Vice President	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 323.30	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Novelli		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 111112 50 Beale Street		<b>Transaction ID:</b> SA11A1.6190
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 57.11	
FEC ID number of contributing federal political committee. C	Payroll Contribution Per Cycle \$9.52	
Name of Employer Occupation Blue Shield of California Senior Vice President	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 380.41	

<b>C.</b> Full Name (Last, First, Middle Initial) Kathy Richards		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 109053 50 Beale Street		<b>Transaction ID:</b> SA11A1.5148
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	Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Director	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	680.41
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 23
	<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) Kathy Richards		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005
Mailing Address emp 109053 50 Beale Street		<b>Transaction ID:</b> SA11A1.6141
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Contribution Per Cycle \$8.33
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Lisa Rubino		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005
Mailing Address emp 75263 50 Beale Street		<b>Transaction ID:</b> SA11A1.6191
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>		Payroll Contribution Per Cycle \$5.00
Name of Employer Blue Shield of California	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Gilbert Solomon		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005
Mailing Address emp 111700 50 Beale Street		<b>Transaction ID:</b> SA11A1.5162
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 254.04	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
Name of Employer Blue Shield of California	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	334.04
<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 / 23
	<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> Gilbert Solomon		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 111700 50 Beale Street		Transaction ID: SA11A1.6149
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 42.98	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Contribution Per Cycle \$7.16
Name of Employer Blue Shield of California	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.02	

Full Name (Last, First, Middle Initial) <b>B.</b> Nancy Stalker		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 16479 50 Beale Street		Transaction ID: SA11A1.6192
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>		Payroll Contribution Per Cycle \$5.00
Name of Employer Blue Shield of California	Occupation Vice President, Pharmacy Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Susan Stoeker		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 111872 50 Beale Street		Transaction ID: SA11A1.5169
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 270.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction
Name of Employer Blue Shield of California	Occupation Marketing Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	342.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 23
	<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) Susan Stoeker		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 111872 50 Beale Street		<b>Transaction ID:</b> SA11A1.6152
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C	Payroll Contribution Per Cycle \$9.00	
Name of Employer Occupation Blue Shield of California Marketing Manager	Aggregate Year-to-Date ▼ 315.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Lyle Swallow		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 18612 50 Beale Street		<b>Transaction ID:</b> SA11A1.5173
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. C	Recurring Payroll Deduction	
Name of Employer Occupation Blue Shield of California Counsel	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) Lyle Swallow		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address emp 18612 50 Beale Street		<b>Transaction ID:</b> SA11A1.6156
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C	Payroll Contribution Per Cycle \$6.67	
Name of Employer Occupation Blue Shield of California Counsel	Aggregate Year-to-Date ▼ 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	325.00
<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 19 / 23
	<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) Kenneth Wood		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005	
Mailing Address emp 16494 50 Beale Street		<b>Transaction ID:</b> SA11A1.5193	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 683.34	
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		Aggregate Year-to-Date ▼ 683.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Kenneth Wood		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005	
Mailing Address emp 16494 50 Beale Street		<b>Transaction ID:</b> SA11A1.6194	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 116.75	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Contribution Per Cycle \$19.46	
Name of Employer Blue Shield of California Occupation Chief Operating Officer		Aggregate Year-to-Date ▼ 800.09	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) John Yao		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005	
Mailing Address emp 11926 50 Beale Street		<b>Transaction ID:</b> SA11A1.5194	
City State Zip Code San Francisco CA 94105		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		Recurring Payroll Deduction	
Name of Employer Blue Shield of California Occupation Senior Medical Director		Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1400.09
<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 20 / 23	
	(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 ▼  
700.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	5

Transaction ID: SA11A1.6171

Amount of Each Receipt this Period  
100.00

Payroll Contribution Per Cycle \$16.67

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7746.39

**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 21 / 23

<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. AHIP PAC</b>		<b>Transaction ID: SB22.5031</b> Date of Disbursement																					
Mailing Address 601 Penn. Avenue NW #500 South Bldg.		<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>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	7		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transfer		<input type="checkbox"/> 008 Category/ Type	<input type="text" value="5000.00"/>																				
Candidate Name AHIP 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:																						

Full Name (Last, First, Middle Initial) <b>B. BLUE PAC</b>		<b>Transaction ID: SB22.5206</b> Date of Disbursement																					
Mailing Address PO BOX 34676		<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>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	8		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20043	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transfer		<input type="checkbox"/> 008 Category/ Type	<input type="text" value="6250.00"/>																				
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) ..... ►

**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)

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

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

Full Name (Last, First, Middle Initial) <b>A. CARPER FOR SENATE</b>		Transaction ID: SB23.5201 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 5
Mailing Address 19 EAST COMMONS BLVD		Amount of Each Disbursement this Period 1500.00
City NEW CASTLE State DE Zip Code 19720	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MATSUI FOR CONGRESS</b>		Transaction ID: SB23.5035 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address PO BOX 1738		Amount of Each Disbursement this Period 1000.00
City SACRAMENTO State CA Zip Code 95812	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. SENATE MAJORITY FUND</b>		Transaction ID: SB23.5196 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 32025		Amount of Each Disbursement this Period 1500.00
City Phoenix State AZ Zip Code 85064	Purpose of Disbursement Contribution Candidate Name SAC PAC Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	4000.00

# 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 23 / 23

<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)		Transaction ID: SB29.5207																					
A. 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>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	5		2	0	0	5														
City	State	Zip Code	Amount of Each Disbursement this Period																				
San Francisco	CA	94101	14.33																				
Purpose of Disbursement Bank Fee		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	14.33
<b>TOTAL</b> This Period (last page this line number only) .....	▶	14.33