

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

|  |  |
|--|--|
| 1. NAME OF COMMITTEE (In full)<br>BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE |  |
| ADDRESS (number and street)<br>50 BEALE STREET   | <input type="checkbox"/> Check if different than previously reported |
| CITY, STATE and ZIP CODE<br>SAN FRANCISCO, CA 94105                                    |  |

|   |
|---|
| 2. FEC IDENTIFICATION NUMBER<br>C00340364   |
| 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) |

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

| SUMMARY                                   |   | COLUMN A    | COLUMN B  |
|---|---|-------------|---|
| 5. Covering Period 1/1/99 through 3/31/99 |   | This Period | Calendar Year-to-Date   |
| 6. (a)                                    | Cash on Hand January 1, 1999  |             | \$ NONE   |
| (b)                                       | Cash on Hand at Beginning of Reporting Period   | \$ NONE     |   |
| (c)                                       | Total Receipts (from Line 10)   | \$ NONE     | \$ NONE   |
| (d)                                       | Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)      | \$ NONE     | \$ NONE   |
| 7.  | Total Disbursements (from Line 30)  | \$ NONE     | \$ NONE   |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                | \$ NONE     | \$ NONE   |
| 9.  | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ NONE     | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9530<br>Local 202-218-9420 |
| 10.                                       | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ NONE     |   |

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  
LESLIE J. DAVIS

Signature of Treasurer  
*Leslie J. Davis*

Date  
4/15/99

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

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

**FEC FORM 3X**  
(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE<br>BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE                 |  | REPORT COVERING PERIOD<br>FROM 1/1/99 TO 3/31/99 |                           |
|---|--|--|---------------------------|
| I Receipts  |  | COLUMN A<br>Total This Period                    | COLUMN B<br>Calendar Year |
| 11. Contributions (other than loans) From:  |  |  |                           |
| a. Individual/Persons Other Than Political Committees:                                    |  | NONE   | NONE                      |
| i. Itemized (use Schedule A)  |  |  |                           |
| ii. Unitemized  |  | NONE   | NONE                      |
| iii. Total (add i and ii) >   |  |  |                           |
| b. Political Party Committees   |  |  |                           |
| c. Other Political Committees (such as PACs)  |  |  |                           |
| d. Total Contributions (add a ii, b and c) >  |  |  |                           |
| 12. Transfers From Affiliated/Other Party Committees                                      |  |  |                           |
| 13. All Loans Received  |  |  |                           |
| 14. Loan Repayments Received  |  |  |                           |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)                            |  |  |                           |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees    |  |  |                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.)                                    |  |  |                           |
| 18. Transfers from Nonfederal Account for Joint Activity                                  |  |  |                           |
| 19. Total Receipts (add 11 d, 12, 13, 14, 15, 16, 17, and 18) >                           |  | NONE   | NONE                      |
| 20. Total Federal Receipts (subtract line 18 from line 19) >                              |  | NONE   | NONE                      |
| II Disbursements  |  |  |                           |
| 21. Operating Expenditures:   |  |  |                           |
| a. Shared Federal/Non-Federal Activity (from Schedule H4)                                 |  | NONE   | NONE                      |
| i. Federal Share  |  |  |                           |
| ii. Non-Federal Share   |  |  |                           |
| b. Other Federal Operating Expenditures   |  |  |                           |
| c. Total Operating Expenditures (add a i, a ii, and b) >                                  |  |  |                           |
| 22. Transfers to Affiliated/Other Party Committees  |  |  |                           |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees         |  |  |                           |
| 24. Independent Expenditures (use Schedule E)   |  |  |                           |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) |  |  |                           |
| 26. Loan Repayments Made  |  |  |                           |
| 27. Loans Made  |  |  |                           |
| 28. Refunds of Contributions To:  |  |  |                           |
| a. Individual/Persons Other Than Political Committees                                     |  |  |                           |
| b. Political Party Committees   |  |  |                           |
| c. Other Political Committees (such as PACs)  |  |  |                           |
| d. Total Contribution Refunds (add a, b and c) >  |  |  |                           |
| 29. Other Disbursements   |  |  |                           |
| 30. Total Disbursements (add 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29) >                 |  | NONE   | NONE                      |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) >                    |  | NONE   | NONE                      |
| III Net Contributions/Operating Expenditures  |  |  |                           |
| 32. Total Contributions (other than loans)(from line 11 d)                                |  | NONE   | NONE                      |
| 33. Total Contribution Refunds (from line 28d)  |  | NONE   | NONE                      |
| 34. Net Contributions (other than loans)(subtract line 33 from 32)                        |  | NONE   | NONE                      |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) >                          |  | NONE   | NONE                      |
| 36. Offsets to Operating Expenditures (from line 15)                                      |  | NONE   | NONE                      |
| 37. Net Operating Expenditures (subtract line 36 from 35) >                               |  | NONE   | NONE                      |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER

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

NAME OF COMMITTEE (In Full)

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer | Date (month, day, year)     | Amount of Each Receipt this Period |
|--|------------------|-----------------------------|------------------------------------|
| NONE   | Occupation       |                             | NONE                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): |                  | Aggregate Year-to-Date > \$ |                                    |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer | Date (month, day, year)     | Amount of Each Receipt this Period |
|  | Occupation       |                             |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): |                  | Aggregate Year-to-Date > \$ |                                    |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer | Date (month, day, year)     | Amount of Each Receipt this Period |
|  | Occupation       |                             |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): |                  | Aggregate Year-to-Date > \$ |                                    |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer | Date (month, day, year)     | Amount of Each Receipt this Period |
|  | Occupation       |                             |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): |                  | Aggregate Year-to-Date > \$ |                                    |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer | Date (month, day, year)     | Amount of Each Receipt this Period |
|  | Occupation       |                             |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): |                  | Aggregate Year-to-Date > \$ |                                    |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer | Date (month, day, year)     | Amount of Each Receipt this Period |
|  | Occupation       |                             |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): |                  | Aggregate Year-to-Date > \$ |                                    |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer | Date (month, day, year)     | Amount of Each Receipt this Period |
|  | Occupation       |                             |                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): |                  | Aggregate Year-to-Date > \$ |                                    |

|  |      |
|--|------|
| SUBTOTAL of Receipts This Page (optional) .....            | NONE |
| TOTAL This Period (last page (this line number only) ..... | NONE |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

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

NAME OF COMMITTEE (In Full)

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| NONE                                       |  |                         | NONE                                    |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

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

NONE

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

NONE

**LOANS**

|   |  |   |  |
|---|--|---|--|
| Name of Contributor (in Full)<br><b>BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE</b>  |  |   |  |
| A. Full Name, Mailing Address and ZIP Code of Loan Source<br><br><p style="text-align: center;">N/A</p>                               | Original Amount of Loan<br><br><p style="text-align: center;">NONE</p> | Cumulative Payment To Date<br><br><p style="text-align: center;">NONE</p> | Balance Outstanding at Close of This Period<br><br><p style="text-align: center;">NONE</p> |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____           |  |   |  |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apx) <input type="checkbox"/> Secured                                |  |   |  |
| List All Endorsers or Guarantors (if any) to Item A   |  |   |  |
| 1. Full Name, Mailing Address and ZIP Code  | Name of Employer   | /   | /  |
|   | Occupation   |   |  |
|   | Amount Guaranteed Outstanding:<br>\$                                   |   |  |
| 2. Full Name, Mailing Address and ZIP Code  | Name of Employer   | /   | /  |
|   | Occupation   |   |  |
|   | Amount Guaranteed Outstanding:<br>\$                                   |   |  |
| 3. Full Name, Mailing Address and ZIP Code  | Name of Employer   | /   | /  |
|   | Occupation   |   |  |
|   | Amount Guaranteed Outstanding:<br>\$                                   |   |  |
| B. Full Name, Mailing Address and ZIP Code of Loan Source   |  |   |  |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____           |  |   |  |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apx) <input type="checkbox"/> Secured                                |  |   |  |
| List All Endorsers or Guarantors (if any) to Item B   |  |   |  |
| 1. Full Name, Mailing Address and ZIP Code  | Name of Employer   | /   | /  |
|   | Occupation   |   |  |
|   | Amount Guaranteed Outstanding:<br>\$                                   |   |  |
| 2. Full Name, Mailing Address and ZIP Code  | Name of Employer   | /   | /  |
|   | Occupation   |   |  |
|   | Amount Guaranteed Outstanding:<br>\$                                   |   |  |
| 3. Full Name, Mailing Address and ZIP Code  | Name of Employer   | /   | /  |
|   | Occupation   |   |  |
|   | Amount Guaranteed Outstanding:<br>\$                                   |   |  |
| SUBTOTALS This Period This Page (optional) _____  |  |   | NONE   |
| TOTALS This Period (last page in this line only) _____  |  |   | NONE   |
| Carry outstanding balances only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |  |   |  |

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Page 1 of 1 for  
LINE NUMBER  
(Use separate schedules  
for each number of line)

| Name of Creditor (In Full)<br>BLUE SHIELD OF CALIFORNIA POLITICAL<br>ACTION COMMITTEE   | Outstanding<br>Balance Beginning<br>This Period | Amount<br>Incurred<br>This Period | Payment<br>This<br>Period | Outstanding<br>Balance at Close<br>of This Period |
|---|---|-----------------------------------|---------------------------|---|
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br><br>N/A             | NONE  | NONE                              | NONE                      | NONE  |
| Nature of Debt (Purpose):   |   |                                   |                           |   |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                        |   |                                   |                           |   |
| Nature of Debt (Purpose):   |   |                                   |                           |   |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                        |   |                                   |                           |   |
| Nature of Debt (Purpose):   |   |                                   |                           |   |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                        |   |                                   |                           |   |
| Nature of Debt (Purpose):   |   |                                   |                           |   |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                        |   |                                   |                           |   |
| Nature of Debt (Purpose):   |   |                                   |                           |   |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor                        |   |                                   |                           |   |
| Nature of Debt (Purpose):   |   |                                   |                           |   |
| 1) SUBTOTALS This Period This Page (optional)   |   |                                   |                           | NONE  |
| 2) TOTALS This Period (last page in this line only)                                     |   |                                   |                           | NONE  |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)                             |   |                                   |                           | NONE  |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) |   |                                   |                           | NONE  |

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|   |   |
|---|---|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                               |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                                    |
| <input checked="" type="checkbox"/> Registered/Certified Mail                       | POSTMARKED<br>4-23-99                         |
| <input type="checkbox"/> No Postmark  |   |
| <input type="checkbox"/> Postmark Illegible   |   |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                               |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                               |
| <input type="checkbox"/> Other ( Specify):  | Postmarked<br>_____<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |   |
| <br><i>SL</i><br>PREPARER   | <br>4-28-99<br>DATE PREPARED                  |