

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 50 Beale Street 17-C356 SAN FRANCISCO CA 94105 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE), July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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

Type or Print Name of Treasurer Emily Glidden

Signature of Treasurer Emily Glidden [Electronically Filed] Date 01 / 27 / 2016

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)

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="117832.43"/>	<input type="text" value="117832.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="139081.86"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="84988.64"/>	<input type="text" value="170731.78"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="224070.50"/>	<input type="text" value="288564.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="45176.84"/>	<input type="text" value="109670.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="178893.66"/>	<input type="text" value="178893.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	80532.64	150415.60
(ii) Unitemized	4456.00	20316.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	84988.64	170731.78
(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)	84988.64	170731.78
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 Transfers (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))..... ▶	84988.64	170731.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	84988.64	170731.78

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45100.00	109500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	76.84	170.55
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	45176.84	109670.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45176.84	109670.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	84988.64	170731.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	84988.64	170731.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 101
	<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

Full Name (Last, First, Middle Initial) A. Dennis Alva		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17053
Mailing Address emp xx9311 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
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 Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Tracy Alvarez		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17054
Mailing Address Emp #xx0661 50 Beale Street		Amount of Each Receipt this Period 130.00 Payroll contribution per cycle \$10.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Robert T Amland II		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17055
Mailing Address 50 Beale Street employee# xx5875		Amount of Each Receipt this Period 60.00 Payroll contribution per cycle \$20.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional).....▶	515.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 101
	<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) A. Cyrus J Aram		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17056
Mailing Address Employee# xx8445 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Siamak Ayoubpour		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17057
Mailing Address Employee# xx0962 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Alison Baker		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17058
Mailing Address Employee# xx7093 50 Beale Street		Amount of Each Receipt this Period 234.00 Payroll contribution per cycle \$18.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.00	

SUBTOTAL of Receipts This Page (optional).....▶	884.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 101
	<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. Terri J. Baker
Full Name (Last, First, Middle Initial)

Mailing Address emp xx1950, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.17059

Amount of Each Receipt this Period **351.00**

Payroll contribution per cycle \$27.00

B. Phillip B Baldi
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx6202 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 CA Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.17060

Amount of Each Receipt this Period **325.00**

Payroll contribution per cycle \$25.00

C. Tanya Ballow
Full Name (Last, First, Middle Initial)

Mailing Address emp xx8347 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 Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.17061

Amount of Each Receipt this Period **292.50**

Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional)..... **968.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 101
	<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. Patrick Banghart
Full Name (Last, First, Middle Initial)

Mailing Address emp xx5427
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 Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17063

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

B. Richard A Barlesi
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx3857
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 CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17064

Amount of Each Receipt this Period
234.00

Payroll contribution per cycle \$18.00

C. Tracy Barnes
Full Name (Last, First, Middle Initial)

Mailing Address emp xx2076
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17065

Amount of Each Receipt this Period
650.00

Payroll contribution per cycle \$50.00

SUBTOTAL of Receipts This Page (optional).....▶ 1014.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 101
	<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. Christine Barnhard
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx7811
 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 Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17066
 Amount of Each Receipt this Period
 234.00
 Payroll contribution per cycle \$18.00

B. Tori Barnhart
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx7483
 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 CA Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17067
 Amount of Each Receipt this Period
 195.00
 Payroll contribution per cycle \$15.00

C. David A. Battin
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx4657
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17074
 Amount of Each Receipt this Period
 260.00
 Payroll contribution per cycle \$20.00

SUBTOTAL of Receipts This Page (optional).....▶	689.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 101
	<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. Ronda Bell
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx7066
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 CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11Al.17075

Amount of Each Receipt this Period
195.00

Payroll contribution per cycle \$15.00

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

Mailing Address emp xx1425
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 VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11Al.17076

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

C. Kimberly Beller
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx5254
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 CA Occupation Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11Al.17077

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 845.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 101
	<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) A. Melinda Bergstrom		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17080
Mailing Address Employee# xx2057 50 Beale Street		Amount of Each Receipt this Period 260.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. Michael Beuoy		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17081
Mailing Address Employee# 5248 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Blakeman		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17082
Mailing Address Employee#xx1919 50 Beale Street		Amount of Each Receipt this Period 335.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts This Page (optional).....▶	920.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 101
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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) A. Jason Bleau		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17083
Mailing Address Employee# xx1927 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

Full Name (Last, First, Middle Initial) B. Theresa Boudreau		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17084
Mailing Address Employee# xx3316 50 Beale Street		Amount of Each Receipt this Period 195.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Wendy Boul		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17085
Mailing Address Employee# xx0289 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

SUBTOTAL of Receipts This Page (optional).....▶	663.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Courtney Bourn		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17086
Mailing Address emp xx6228 50 Beale Street		Amount of Each Receipt this Period 156.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$12.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

Full Name (Last, First, Middle Initial) B. Madeline Brane		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17087
Mailing Address emp xx5281 50 Beale street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94121
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of California	Occupation Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

Full Name (Last, First, Middle Initial) C. Carlo Braza		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17088
Mailing Address emp xx1673 50 Beale street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of California	Occupation Senior Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

SUBTOTAL of Receipts This Page (optional).....▶	624.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 101
	<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	<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) A. Sondra Breeden		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.17089
Mailing Address Employee# xx1025 50 Beale Street		Amount of Each Receipt this Period 130.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Ruta Britts		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.17090
Mailing Address emp xx2060 50 Beale Street		Amount of Each Receipt this Period 260.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20.00
Name of Employer Blue Shield	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Laverne A Brizendine		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.17091
Mailing Address emp xx6076 50 Beale Street		Amount of Each Receipt this Period 390.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$30.00
Name of Employer Blue Shield	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 101
	<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. Nicole Brooks
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx7380
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17092

Amount of Each Receipt this Period
190.00

Payroll contribution per cycle \$20.00

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

Mailing Address emp xx4076, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Cross Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1430.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17093

Amount of Each Receipt this Period
715.00

Payroll contribution per cycle \$55.00

C. Paul Brown
Full Name (Last, First, Middle Initial)

Mailing Address Emp #xx0647
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17094

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....▶ 1230.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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) A. Sharon Brown		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17095
Mailing Address Employee# xx5991 50 Beale Street		Amount of Each Receipt this Period 200.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. William Brown		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17096
Mailing Address emp xx9004, 50 Beale Street		Amount of Each Receipt this Period 411.32 Payroll contribution per cycle \$31.64
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 822.64	

Full Name (Last, First, Middle Initial) C. Catherine Campbell		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17100
Mailing Address Employee# xx0969 50 Beale Street		Amount of Each Receipt this Period 585.00 Payroll contribution per cycle \$45.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00	

SUBTOTAL of Receipts This Page (optional).....▶	1196.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 101
	<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	<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) A. Elena Casserly		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17101
Mailing Address Employee #xx6221 50 Beale St.,		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Lori Castanon		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17102
Mailing Address Employee# xx6314 50 Beale Street		Amount of Each Receipt this Period 130.00 Payroll contribution per cycle \$10.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Kristen Casten		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17103
Mailing Address Employee# xx8146 50 Beale Street		Amount of Each Receipt this Period 130.00 Payroll contribution per cycle \$10.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 101
	<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) A. Adriel Casulo		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17104
Mailing Address Employee# xx6492 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

Full Name (Last, First, Middle Initial) B. David Cates		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17105
Mailing Address Employee# xx8886 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. George R. Chadwell		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17108
Mailing Address emp xx0628 50 Beale Street		Amount of Each Receipt this Period 185.64
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$14.28
Name of Employer Blue Shield of California	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.28	

SUBTOTAL of Receipts This Page (optional).....▶	744.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 101
	<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. Andrew Chasin
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx8020
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1920.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17109
 Amount of Each Receipt this Period
1010.00
 Payroll contribution per cycle \$70.00

B. Michael Chiarodit
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx7088
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **390.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17112
 Amount of Each Receipt this Period
195.00
 Payroll contribution per cycle \$15.00

C. Luke Cirkovic
 Full Name (Last, First, Middle Initial)
 Mailing Address Emp# xx5375
 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 CA Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17119
 Amount of Each Receipt this Period
325.00
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional)..... **1530.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 101
	<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	<input type="checkbox"/> 17

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

A. Denise Ciufu
Full Name (Last, First, Middle Initial)

Mailing Address emp xx4063, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17120

Amount of Each Receipt this Period
195.00

Payroll contribution per cycle \$15.00

B. Karen Clark
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx3881
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17121

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

C. Heather Cozzens
Full Name (Last, First, Middle Initial)

Mailing Address Employee # 0675
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 CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17122

Amount of Each Receipt this Period
216.00

Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **541.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 101
	<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. Bryan Crawley
Full Name (Last, First, Middle Initial)

Mailing Address Employee # xx7742
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17124

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

B. Michael Dahlem
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx1109
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 CA Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17125

Amount of Each Receipt this Period
1300.00

Payroll contribution per cycle \$100.00

C. Carla M Dailey
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx0442
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17126

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1755.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 101
	<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. Shannon Datcher
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx7287
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17127
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

B. Jodie L DeBartoli
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx1900
 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 CA Occupation Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17128
 Amount of Each Receipt this Period
 156.00
 Payroll contribution per cycle \$12.00

C. Andrea D. DeBerry
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx1594
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17129
 Amount of Each Receipt this Period
 390.00
 Payroll contribution per cycle \$30.00

SUBTOTAL of Receipts This Page (optional).....▶	871.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 101
	<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

Full Name (Last, First, Middle Initial) A. Amy Dehart		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17130
Mailing Address Employee# xx0621 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Consultant Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

Full Name (Last, First, Middle Initial) B. Ann DeRose		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17131
Mailing Address emp xx3203 50 Beale Street		Amount of Each Receipt this Period 292.50
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50	
Name of Employer Blue Shield of California	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) C. Renee Devine		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17132
Mailing Address Emp# xx0495 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

SUBTOTAL of Receipts This Page (optional).....▶	760.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Rajkumar Dharmer
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx8261
 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 CA Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17133
 Amount of Each Receipt this Period
325.00
 Payroll contribution per cycle \$25.00

B. Lisa Diamond
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx8612
 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 CA Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17134
 Amount of Each Receipt this Period
325.00
 Payroll contribution per cycle \$25.00

C. Megan-Bria Dietz
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee # xx3092
 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 CA Occupation Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17135
 Amount of Each Receipt this Period
275.00
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional)..... **925.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 101
	<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"/>	<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) A. Edward A Diver		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17137
Mailing Address Employee# xx8790 50 Beale Street		Amount of Each Receipt this Period 25.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Tina Donohue		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17138
Mailing Address emp xx2241 50 Beale Street		Amount of Each Receipt this Period 130.00 Payroll contribution per cycle \$10.00
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 Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Linda Dowsett		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17139
Mailing Address Emp xx4382 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	480.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 101
	<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. Marc Eisenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx7084
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17146
 Amount of Each Receipt this Period
130.00
 Payroll contribution per cycle \$10.00

B. Jacqueline Ejuwa
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx3113
 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 CA Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **916.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17147
 Amount of Each Receipt this Period
461.00
 Payroll contribution per cycle \$35.00

C. James Elliott
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx5549
 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 VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1170.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17148
 Amount of Each Receipt this Period
585.00
 Payroll contribution per cycle \$45.00

SUBTOTAL of Receipts This Page (optional).....	1176.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Michael Ellis		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17149
Mailing Address emp xx2404 50 Beale Street		Amount of Each Receipt this Period 260.00 Payroll contribution per cycle \$20.00
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 General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. Thomas Epstein		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17150
Mailing Address emp xx0249 50 Beale Street		Amount of Each Receipt this Period 1180.00 Payroll contribution per cycle \$90.00
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 Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2350.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Este		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17151
Mailing Address Employee #xx5702 50 Beale St.,		Amount of Each Receipt this Period 130.00 Payroll contribution per cycle \$10.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	1570.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 101
	<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	<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) A. Kathryn M. Ferguson		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17152
Mailing Address emp xx2319 50 Beale Street		Amount of Each Receipt this Period 221.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$17.00	
Name of Employer Blue Shield of California	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.00	

Full Name (Last, First, Middle Initial) B. David Fields		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17153
Mailing Address Employee # xx3507 50 Beale Street		Amount of Each Receipt this Period 384.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$192.00	
Name of Employer Blue Shield of CA	Occupation EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00	

Full Name (Last, First, Middle Initial) C. Laura Fisher		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17155
Mailing Address Employee# xx1784 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

SUBTOTAL of Receipts This Page (optional).....▶	839.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 101
	<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	<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) A. Hugo Florez		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17158
Mailing Address Employee# xx1071 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

Full Name (Last, First, Middle Initial) B. Carol Fogelman		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17159
Mailing Address emp xx2239 50 Beale Street		Amount of Each Receipt this Period 225.81
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$17.37
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 ▼ 451.62	

Full Name (Last, First, Middle Initial) C. Dawn Fortino		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17160
Mailing Address Employee# xx8687 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	784.81
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 101
	<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. Michael Gebhart
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx7244
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17165

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

B. Devin Gensch
Full Name (Last, First, Middle Initial)

Mailing Address emp xx4081
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
728.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17166

Amount of Each Receipt this Period
364.00

Payroll contribution per cycle \$28.00

C. Diana G Gibson Pace
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx0252
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
910.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17167

Amount of Each Receipt this Period
455.00

Payroll contribution per cycle \$35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1144.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 101
	<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	<input type="checkbox"/> 17

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

A. Bobby D Gilchrist
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx5297
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 CA Occupation Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17168

Amount of Each Receipt this Period
156.00

Payroll contribution per cycle \$12.00

B. Ketan Gima
Full Name (Last, First, Middle Initial)

Mailing Address emp xx2246
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1950.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17169

Amount of Each Receipt this Period
975.00

Payroll contribution per cycle \$75.00

C. Emily Glidden
Full Name (Last, First, Middle Initial)

Mailing Address emp xx5840
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17429

Amount of Each Receipt this Period
250.00

One time manual contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1381.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 101
	<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) A. Celia Gonzales		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17171
Mailing Address Employee# xx5859 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

Full Name (Last, First, Middle Initial) B. Poonam Gorakshakar		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17172
Mailing Address Employee# xx1791 50 Beale Street		Amount of Each Receipt this Period 130.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) c. Christy Gregg		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17173
Mailing Address emp xx2233 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of California	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	689.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 101
	<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	<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) A. Robert Guarino		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17174
Mailing Address Employee# xx8766 50 Beale Street		Amount of Each Receipt this Period 130.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Raul E Guerridos		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17175
Mailing Address Emp# xx2698 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

Full Name (Last, First, Middle Initial) C. Naveen Gupta		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17176
Mailing Address Employee# xx1448 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	689.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 101
	<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. Roger Gutzman
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx1911
 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 CA Occupation Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17178
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00

B. David Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx5061
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17179
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00

C. Jill Harmatz
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx5510
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17181
 Amount of Each Receipt this Period
 156.00
 Payroll contribution per cycle \$12.00

SUBTOTAL of Receipts This Page (optional).....▶ 416.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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) A. Michelle M Hawkins		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17182
Mailing Address Employee# xx4936 50 Beale Street		Amount of Each Receipt this Period 329.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 654.00	

Full Name (Last, First, Middle Initial) B. Natasha T Hawkins		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17376
Mailing Address Employee# xx5019 50 Beale Street		Amount of Each Receipt this Period 130.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00
Name of Employer Blue Shield of CA	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Ergueen Herrera		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17183
Mailing Address Employee # xx2968 50 Beale Street		Amount of Each Receipt this Period 216.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional).....▶	675.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 101
	<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) A. Robert J Hess		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17185
Mailing Address Emp# xx0556 50 Beale Street		Amount of Each Receipt this Period 205.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Michael Heuer		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17186
Mailing Address Employee# xx1557 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Larry Hilty		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17188
Mailing Address emp xx9314 50 Beale Street		Amount of Each Receipt this Period 400.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$30.00
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 ▼ 790.00	

SUBTOTAL of Receipts This Page (optional).....▶	930.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 101
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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) A. Louis Hirsh		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11Al.17189
Mailing Address emp xx9409 50 Beale Street		Amount of Each Receipt this Period 292.50
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$22.50
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 ▼ 585.00	

Full Name (Last, First, Middle Initial) B. Brent Hitchings		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11Al.17190
Mailing Address emp xx5569 50 Beale Street		Amount of Each Receipt this Period 360.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$45.00
Name of Employer Blue Shield of California	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00	

Full Name (Last, First, Middle Initial) C. Judith Ho		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11Al.17191
Mailing Address Employee# xx9612 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

SUBTOTAL of Receipts This Page (optional).....▶	886.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 101
	<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. Jennifer Hobart
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx6684
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 CA Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11Al.17193

Amount of Each Receipt this Period
520.00

Payroll contribution per cycle \$40.00

B. Helena Hoffman
Full Name (Last, First, Middle Initial)

Mailing Address emp xx5671
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 Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
286.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11Al.17194

Amount of Each Receipt this Period
143.00

Payroll contribution per cycle \$11.00

C. Patricia Hoffman
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx0479
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 CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11Al.17195

Amount of Each Receipt this Period
234.00

Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 897.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 101
	<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) A. Kimberly Hopkins		Date of Receipt
Mailing Address Employee# xx8896 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Francisco	CA	94105
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.17196
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="130.00"/>
Name of Employer		Payroll contribution per cycle \$10.00
Blue Shield of CA	Occupation Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Horan		Date of Receipt
Mailing Address Employee #xx6453 50 Beale St.,		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Francisco	CA	94105
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.17197
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="130.00"/>
Name of Employer		Payroll contribution per cycle \$10.00
Blue Shield of CA	Occupation Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stanford Hornbacher		Date of Receipt
Mailing Address emp xx6615 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Francisco	CA	94105
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.17198
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="292.50"/>
Name of Employer		Payroll contribution per cycle \$22.50
Blue Shield of Callifornia	Occupation Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="585.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="552.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 101
	<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. Janis Hoyt
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx1221
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17199

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

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

Mailing Address Employee# xx7445
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 Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17200

Amount of Each Receipt this Period
234.00

Payroll contribution per cycle \$18.00

C. Thomas Hurd
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx6366
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17201

Amount of Each Receipt this Period
390.00

Payroll contribution per cycle \$30.00

SUBTOTAL of Receipts This Page (optional).....▶ 949.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 101
	<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. Emmet Jacobs
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx8368
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : SA11AI.17207
 Amount of Each Receipt this Period 144.00
 Payroll contribution per cycle \$18.00

B. Seth Jacobs
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx6574
 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 Sr. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1830.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : SA11AI.17208
 Amount of Each Receipt this Period 920.00
 Payroll contribution per cycle \$70.00

C. George Jaresko
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx5244
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : SA11AI.17209
 Amount of Each Receipt this Period 260.00
 Payroll contribution per cycle \$20.00

SUBTOTAL of Receipts This Page (optional).....▶ 1324.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 101
	<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. Carrie Jensen-Badaa
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx1601
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17210
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

B. Lorie Johns
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx5447
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17212
 Amount of Each Receipt this Period
 292.50
 Payroll contribution per cycle \$22.50

C. Trudy M Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx4042
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17213
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 747.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 101
	<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. Michelle Johnson-Saville
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx2920
 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 Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17214
 Amount of Each Receipt this Period
 234.00
 Payroll contribution per cycle \$18.00

B. Alan M Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx7713
 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 CA Occupation Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17217
 Amount of Each Receipt this Period
 195.00
 Payroll contribution per cycle \$15.00

C. Ravi Kalaga
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx7255
 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 Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17218
 Amount of Each Receipt this Period
 126.00
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 555.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 101
	<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. David G Kallan
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx6424
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17219
 Amount of Each Receipt this Period
 104.00
 Payroll contribution per cycle \$8.00

B. Syng Karrobi
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx4555
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17222
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

C. Allison Kawamoto
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx4997
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 398.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17223
 Amount of Each Receipt this Period
 199.03
 Payroll contribution per cycle \$15.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 628.03
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Pradip Khemani		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17224
Mailing Address Employee #xx7222 50 Beale St., City San Francisco State CA Zip Code 94105		Amount of Each Receipt this Period 455.00 Payroll contribution per cycle \$35.00
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

Full Name (Last, First, Middle Initial) B. Tina Kibler		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17225
Mailing Address emp xx5267 50 Beale Street City San Francisco State CA Zip Code 94105		Amount of Each Receipt this Period 845.00 Payroll contribution per cycle \$65.00
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1690.00	

Full Name (Last, First, Middle Initial) C. Andrew Kiefer		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17226
Mailing Address Employee #xx8277 50 Beale Street City San Francisco State CA Zip Code 94105		Amount of Each Receipt this Period 715.00 Payroll contribution per cycle \$55.00
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

SUBTOTAL of Receipts This Page (optional).....▶	2015.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 101
	<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. Keith Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx5487
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17227
 Amount of Each Receipt this Period
 455.00
 Payroll contribution per cycle \$35.00

B. Yun Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx9394
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17228
 Amount of Each Receipt this Period
 195.00
 Payroll contribution per cycle \$15.00

C. Bonnie Kitson
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx2382
 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 CA Occupation Sr. Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17230
 Amount of Each Receipt this Period
 162.00
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 812.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 101
	<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) A. Mark Klopfer		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17232
Mailing Address Employee# xx2417 50 Beale Street		Amount of Each Receipt this Period 198.00 Payroll contribution per cycle \$18.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation Head of Talent Acquisition	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	

Full Name (Last, First, Middle Initial) B. Nora Lam		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17237
Mailing Address emp xx5642 50 Beale Street		Amount of Each Receipt this Period 195.00 Payroll contribution per cycle \$15.00
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 Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Lisa Lambert		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17238
Mailing Address emp xx2157, 50 Beale Street		Amount of Each Receipt this Period 130.00 Payroll contribution per cycle \$10.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	523.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 101
	<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. Rebecca Langum
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx2976
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 Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17239

Amount of Each Receipt this Period
234.00

Payroll contribution per cycle \$18.00

B. Carmelo Lattuca
Full Name (Last, First, Middle Initial)

Mailing Address emp xx1279
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 Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17240

Amount of Each Receipt this Period
234.00

Payroll contribution per cycle \$18.00

C. Laura Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 50 Beale Street
employee #xx2384

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 Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
585.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17241

Amount of Each Receipt this Period
292.50

Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 760.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Ruth Liu
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx8903
 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 CA Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 12 / 31 / 2015
Transaction ID : SA11AI.17243
 Amount of Each Receipt this Period
325.00
 Payroll contribution per cycle \$25.00

B. Analisa Luippold
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx6832
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 12 / 31 / 2015
Transaction ID : SA11AI.17245
 Amount of Each Receipt this Period
325.00
 Payroll contribution per cycle \$25.00

C. Alison Lum
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx8386
 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 CA Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 12 / 31 / 2015
Transaction ID : SA11AI.17246
 Amount of Each Receipt this Period
325.00
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	975.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 101
	<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)
A. Amy Lung

Mailing Address emp xx1506
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 Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17247

Amount of Each Receipt this Period
144.00

Payroll contribution per cycle \$18.00

Full Name (Last, First, Middle Initial)
B. Kathleen Lynaugh

Mailing Address emp xx9411
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17248

Amount of Each Receipt this Period
520.00

Payroll contribution per cycle \$40.00

Full Name (Last, First, Middle Initial)
C. Gobi Madivanan

Mailing Address emp xx0465
50 Beale street

City San Francisco State CA Zip Code 94121

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17250

Amount of Each Receipt this Period
234.00

Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 898.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 101
	<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) A. Manish Malhotra		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17251
Mailing Address Employee# xx1482 50 Beale Street		Amount of Each Receipt this Period 144.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) B. Michael S Mallory		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17252
Mailing Address Employee# xx8387 50 Beale Street		Amount of Each Receipt this Period 100.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) C. Paul Markovich		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17255
Mailing Address emp xx6510 50 Beale Street		Amount of Each Receipt this Period 1300.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$100.00	
Name of Employer Blue Shield of California	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

SUBTOTAL of Receipts This Page (optional).....▶	1544.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 101
	<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. Thomas Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx8149
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17256
 Amount of Each Receipt this Period
 234.00
 Payroll contribution per cycle \$18.00

B. Jonnie Massey
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee # xx0309
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17257
 Amount of Each Receipt this Period
 300.00
 Payroll contribution per cycle \$25.00

C. Thomas McCaffery
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx5792
 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 VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17259
 Amount of Each Receipt this Period
 390.00
 Payroll contribution per cycle \$30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 924.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jessica A McCarthy
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx7123
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17260
 Amount of Each Receipt this Period
 520.00
 Payroll contribution per cycle \$40.00

B. Glen McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx1520
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17263
 Amount of Each Receipt this Period
 234.00
 Payroll contribution per cycle \$18.00

C. Shelley McFarland
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx1236, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17264
 Amount of Each Receipt this Period
 134.94
 Payroll contribution per cycle \$10.38

SUBTOTAL of Receipts This Page (optional).....▶	888.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 101
	<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) A. Frances McNeil		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17265
Mailing Address Employee# xx6964 50 Beale Street		Amount of Each Receipt this Period 130.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00
Name of Employer Blue Shield of CA	Occupation Counsel Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. William McQueen		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17266
Mailing Address Employee #xx5076 50 Beale St.,		Amount of Each Receipt this Period 390.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$30.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) C. Steven Meinhofer		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17267
Mailing Address Employee# xx8066 50 Beale Street		Amount of Each Receipt this Period 195.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional).....▶	715.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 101
	<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. Andrea Minarcin
Full Name (Last, First, Middle Initial)

Mailing Address 50 Beale Street
employee #xx4753

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 Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17268

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

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

Mailing Address emp xx3904, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17269

Amount of Each Receipt this Period
650.00

Payroll contribution per cycle \$50.00

C. Jaynene Moore
Full Name (Last, First, Middle Initial)

Mailing Address emp xx2572
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 Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17270

Amount of Each Receipt this Period
195.00

Payroll contribution per cycle \$15.00

SUBTOTAL of Receipts This Page (optional).....▶ 1170.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 OF 101
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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) A. Myra Moore		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17271
Mailing Address Employee# xx1294 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Stephanie Morimoto		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17272
Mailing Address Emp# xx0769 50 Beale Street		Amount of Each Receipt this Period 530.00 Payroll contribution per cycle \$40.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation Assoc. General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. Diane Moss-Nellum		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17273
Mailing Address Employee #xx4418 50 Beale Street		Amount of Each Receipt this Period 195.00 Payroll contribution per cycle \$15.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Mary E Muller		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17276
Mailing Address Emp# xx0983 50 Beale Street		Amount of Each Receipt this Period 25.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 350.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jon Murphy		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17277
Mailing Address emp xx2151 50 Beale Street		Amount of Each Receipt this Period 320.06 Payroll contribution per cycle \$24.62
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 640.12
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael Murray		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17278
Mailing Address Employee# xx1032 50 Beale Street		Amount of Each Receipt this Period 780.00 Payroll contribution per cycle \$60.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1560.00
Name of Employer Blue Shield of CA	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1125.06
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 101
	<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) A. Maria Nishi		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17279
Mailing Address Employee# xx2787 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Matthew Nye		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17280
Mailing Address Employee # xx3144 50 Beale Street		Amount of Each Receipt this Period 600.00 Payroll contribution per cycle \$45.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Michael O'Neil		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17286
Mailing Address Employee# xx8692 50 Beale Street		Amount of Each Receipt this Period 650.00 Payroll contribution per cycle \$50.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1575.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 101
	<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. Timothy O'Neill
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx8459
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17287
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

B. David Ocepek
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx1761
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17282
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

C. Terese Odette
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx7096
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17283
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 975.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 101
	<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) A. Evgenia Opet		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17288
Mailing Address emp xx8318 50 Beale street		Amount of Each Receipt this Period 198.00
City San Francisco	State CA	Zip Code 94121
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	Payroll contribution per cycle \$18.00

Full Name (Last, First, Middle Initial) B. Ana Padilla		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17291
Mailing Address Employee #xx6534 50 Beale St.,		Amount of Each Receipt this Period 130.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Phone Representative
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll contribution per cycle \$10.00

Full Name (Last, First, Middle Initial) C. William Panek		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17292
Mailing Address emp xx8535 50 Beale Street		Amount of Each Receipt this Period 325.00
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 Medical Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....▶	653.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 101
	<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. Armine Papouchian-Kulinski
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx5680
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17293
 Amount of Each Receipt this Period
 520.00
 Payroll contribution per cycle \$40.00

B. Edith Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx8223
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17294
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00

C. Jeff Pearce
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx0492
 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 CA Occupation Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17295
 Amount of Each Receipt this Period
 195.00
 Payroll contribution per cycle \$15.00

SUBTOTAL of Receipts This Page (optional).....▶	845.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Julie Person
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx2450
 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 CA Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17297
 Amount of Each Receipt this Period
 225.00
 Payroll contribution per cycle \$45.00

B. Paul Poon
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx6412
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17298
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

c. David Prather
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx5817
 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 Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17301
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional).....▶	680.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 101
	<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) A. Daniel Prettyman		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17302
Mailing Address emp xx5418 50 Beale St.		Amount of Each Receipt this Period 195.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15.00
Name of Employer Blue Shield of California	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Alison Ramey		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17303
Mailing Address Employee# xx2396 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Anchulee J Raongthum		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17304
Mailing Address Emp# xx6257 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

SUBTOTAL of Receipts This Page (optional).....▶	663.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 101
	<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. Jordan J Rapp
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx6171
 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 CA Occupation Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17305
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00

B. Eric Rasmussen
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17306
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

C. Kenneth Reid
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx2508
 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 Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17310
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 101
	<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. Marie Reis
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx8248
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17311
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00

B. Stefano Resta
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx1222
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17312
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00

C. Marc Richmond
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx6543
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17313
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional).....▶	390.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 101
	<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"/>	<input type="checkbox"/> 17

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

A. Karen Rinaldi
Full Name (Last, First, Middle Initial)

Mailing Address emp xx1645
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 Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
361.14

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11Al.17314

Amount of Each Receipt this Period
180.57

Payroll contribution per cycle \$13.89

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

Mailing Address Employee #xx7680
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 CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11Al.17315

Amount of Each Receipt this Period
260.00

Payroll contribution per cycle \$20.00

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

Mailing Address emp xx1723, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11Al.17316

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....▶	765.57
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 101
	<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) A. Michael T Roehm		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17317
Mailing Address Employee# xx7259 50 Beale Street		Amount of Each Receipt this Period 140.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00	
Name of Employer Blue Shield of CA	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Suzanne Rumsey		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17318
Mailing Address Employee# xx1333 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Cynthia Russell		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17319
Mailing Address Emp# xx0497 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	790.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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) A. Lina Saadzi		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17320
Mailing Address Employee# xx5649 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Joseph Safran		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17321
Mailing Address emp xx9164, 50 Beale Street		Amount of Each Receipt this Period 260.00 Payroll contribution per cycle \$20.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Richard Salow		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17324
Mailing Address 50 Beale Street employee # xx5516		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	910.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 101
	<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) A. Luis Sanchez		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17325
Mailing Address Employee# xx0908 50 Beale Street		Amount of Each Receipt this Period 195.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Janice Santana		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17326
Mailing Address Employee# xx0552 50 Beale Street		Amount of Each Receipt this Period 130.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Lori C Sasaki		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17327
Mailing Address Employee# xx7711 50 Beale Street		Amount of Each Receipt this Period 195.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional).....▶	520.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 101
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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) A. Lauri Satterwhaite		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17328
Mailing Address emp xx9223 50 Beale Street		Amount of Each Receipt this Period 260.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20.00
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 ▼ 520.00	

Full Name (Last, First, Middle Initial) B. Dianna H Saunders		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17329
Mailing Address Employee # xx4587 50 Beale Street		Amount of Each Receipt this Period 260.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Trinh Schaeffer		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17330
Mailing Address Employee# xx1666 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.00
Name of Employer Blue Shield of California	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	754.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 101
	<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. Sandra L Sedo
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx5441
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 CA Occupation Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17336

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

B. Charles Sharp
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8291
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17338

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

C. Jennifer Shaw
Full Name (Last, First, Middle Initial)

Mailing Address emp xx1283
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 Sr. Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17339

Amount of Each Receipt this Period
195.00

Payroll contribution per cycle \$15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 455.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 101
	<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. Michael Sheils
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx5617
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 CA Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1170.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17340

Amount of Each Receipt this Period
585.00

Payroll contribution per cycle \$45.00

B. Danny Shen
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx2954
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17342

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

C. Michelle Y Shih
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx6919
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17344

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....▶ 1235.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 101
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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) A. Stephen Shivinsky		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17345
Mailing Address Employee# xx8369 50 Beale Street		Amount of Each Receipt this Period 530.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$40.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) B. Anju Shunglu		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17346
Mailing Address Employee# xx2605 50 Beale Street		Amount of Each Receipt this Period 130.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Michelle A Simpson		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17348
Mailing Address Employee# xx7706 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	985.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 101
	<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. Jeffrey Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx7922
 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 CA Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17349
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

B. Gilbert Solomon
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx1700
 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 Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1199.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17350
 Amount of Each Receipt this Period
 599.95
 Payroll contribution per cycle \$46.15

C. Neil A Solomon
 Full Name (Last, First, Middle Initial)
 Mailing Address Emp# xx1034
 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 CA Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17351
 Amount of Each Receipt this Period
 45.00
 Payroll contribution per cycle \$45.00

SUBTOTAL of Receipts This Page (optional).....▶	969.95
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 101
	<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. Richard Soto
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx3026
50 Beale St.,
City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17354

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

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

Mailing Address emp xx4420, 50 Beale Street
City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1667.12

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17355

Amount of Each Receipt this Period
833.56

Payroll contribution per cycle \$64.12

C. Rick Spencer
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx2255
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 CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17356

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1093.56

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 OF 101
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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) A. Donald R Speziale		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17357
Mailing Address Employee# xx3696 50 Beale Street		Amount of Each Receipt this Period 130.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Catherine Spicer		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17358
Mailing Address Employee #xx1303 50 Beale St.,		Amount of Each Receipt this Period 130.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Robert F. Stephenson		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17359
Mailing Address emp xx2257 50 Beale Street		Amount of Each Receipt this Period 110.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00
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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	370.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 101
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial) A. Mary C. St John		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17360
Mailing Address emp xx5485 50 Beale Street		Amount of Each Receipt this Period 140.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$35.00
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 ▼ 595.00	

Full Name (Last, First, Middle Initial) B. Malcolm Strohson Jr.		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17361
Mailing Address 50 Beale Street employee #xx5599		Amount of Each Receipt this Period 318.50
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$24.50
Name of Employer Blue Shield of California	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 637.00	

Full Name (Last, First, Middle Initial) C. Michael Stuart		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.17362
Mailing Address Employee# xx2061 50 Beale Street		Amount of Each Receipt this Period 585.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$45.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00	

SUBTOTAL of Receipts This Page (optional).....▶	1043.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sarah Summer
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx1535
 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 Sr. Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 728.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17365
 Amount of Each Receipt this Period
 364.00
 Payroll contribution per cycle \$28.00

B. Jayne W Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address Emp# xx5713
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17371
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

C. Lynne Teismann
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx2926
 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 Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17372
 Amount of Each Receipt this Period
 234.00
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....▶	923.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 101
	<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. Eric Terndrup
Full Name (Last, First, Middle Initial)

Mailing Address emp xx4199
50 Beale St.

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
858.52

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17373

Amount of Each Receipt this Period
429.26

Payroll contribution per cycle \$33.02

B. Antoinette Terrana
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx1496
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17374

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

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

Mailing Address Emp# xx1408
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 CA Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
855.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17375

Amount of Each Receipt this Period
270.00

Payroll contribution per cycle \$45.00

SUBTOTAL of Receipts This Page (optional).....▶ 1024.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 101
	<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) A. Nels M Thygeson		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17378
Mailing Address Employee# xx8616 50 Beale Street		Amount of Each Receipt this Period 715.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$55.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

Full Name (Last, First, Middle Initial) B. Brandon Tidwell		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17379
Mailing Address Employee# xx2148 50 Beale Street		Amount of Each Receipt this Period 205.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. James Trauth		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17380
Mailing Address Employee# xx2147 50 Beale Street		Amount of Each Receipt this Period 130.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 101
	<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. Joanne Trenam
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx0511, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17381
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00

B. Cassidy Tsay
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx2119 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17382
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

C. Jeffrey S Turk
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx3386 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 CA Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17383
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 101
	<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	<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) A. Regina A Ullom		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17384
Mailing Address Emp# xx5624 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

Full Name (Last, First, Middle Initial) B. Loni Ulrich		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17385
Mailing Address Emp# xx8333 50 Beale Street		Amount of Each Receipt this Period 195.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Devon M Valencia		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17386
Mailing Address Emp# xx2459 50 Beale Street		Amount of Each Receipt this Period 585.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$45.00	
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00	

SUBTOTAL of Receipts This Page (optional).....▶	1014.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 101
	<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) A. Jukka Valkonen		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17387
Mailing Address Employee# xx0287 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$18.00	
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 ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Ingrid Van Eckert		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17388
Mailing Address Emp# xx6393 50 Beale Street		Amount of Each Receipt this Period 234.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$18.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.00	

Full Name (Last, First, Middle Initial) C. Anthony Van Goor		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17389
Mailing Address Employee # xx3046 50 Beale Street		Amount of Each Receipt this Period 300.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	768.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 101
	<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) A. Sailesh Varma		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17391
Mailing Address Emp# xx1286 50 Beale Street		Amount of Each Receipt this Period 100.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. Anjali Vichare		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17393
Mailing Address Emp# xx1223 50 Beale Street		Amount of Each Receipt this Period 405.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$45.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00	

Full Name (Last, First, Middle Initial) C. Millie Virgil		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17394
Mailing Address Employee# xx8446 50 Beale Street		Amount of Each Receipt this Period 130.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00
Name of Employer Blue Shield of CA	Occupation Head of Shared Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 101
	<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	<input type="checkbox"/> 17

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

A. Deborah Voge
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx0804
 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 Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17395
 Amount of Each Receipt this Period
 234.00
 Payroll contribution per cycle \$18.00

B. Sonya Wade
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx3639
 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 Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17397
 Amount of Each Receipt this Period
 195.00
 Payroll contribution per cycle \$15.00

C. Jason Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx7917
 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 CA Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17398
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional).....▶	559.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 101
	<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) A. Todd Walthall		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17399
Mailing Address Employee# xx2537 50 Beale Street		Amount of Each Receipt this Period 910.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$70.00	
Name of Employer Blue Shield of CA	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1820.00	

Full Name (Last, First, Middle Initial) B. Diane Watts		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17400
Mailing Address emp xx3379, 50 Beale Street		Amount of Each Receipt this Period 360.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$40.00	
Name of Employer Blue Shield	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) C. Mark Weideman		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17428
Mailing Address 50 Beale Street		Amount of Each Receipt this Period 1250.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Manual one time contribution	
Name of Employer Blue Shield of CA	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional).....▶	2520.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Melissa Welch Barker
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx1512
 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 VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **630.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17402
 Amount of Each Receipt this Period
585.00
 Payroll contribution per cycle \$45.00

B. Darrin Wells
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx8661
 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 CA Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1170.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17403
 Amount of Each Receipt this Period
585.00
 Payroll contribution per cycle \$45.00

C. Kathleen Wells
 Full Name (Last, First, Middle Initial)
 Mailing Address Emp# xx8546
 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 CA Occupation Sr. Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **780.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.17404
 Amount of Each Receipt this Period
390.00
 Payroll contribution per cycle \$30.00

SUBTOTAL of Receipts This Page (optional).....	1560.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 101
	<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. Ray Wengender
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx1054
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17405

Amount of Each Receipt this Period
410.00

Payroll contribution per cycle \$30.00

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

Mailing Address Employee #xx5978
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17406

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

C. Kimball Wilkins
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx3150
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17407

Amount of Each Receipt this Period
195.00

Payroll contribution per cycle \$15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 930.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 101
	<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. Bryce Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx8031
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17408
 Amount of Each Receipt this Period
 585.00
 Payroll contribution per cycle \$45.00

B. Ira Wing
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx2918
 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 CA Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17410
 Amount of Each Receipt this Period
 260.00
 Payroll contribution per cycle \$20.00

C. Salina Wong
 Full Name (Last, First, Middle Initial)
 Mailing Address Emp# xx3056
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17415
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....▶	1170.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 101
	<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. Kenneth Wood
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx6494
 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 SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17416
 Amount of Each Receipt this Period
 1300.00
 Payroll contribution per cycle \$100.00

B. Christine Woodside
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx5513
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17417
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

C. Winnie Yang
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx7578
 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 CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.17421
 Amount of Each Receipt this Period
 234.00
 Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....▶	1859.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 101
	<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. Amy Yao
Full Name (Last, First, Middle Initial)

Mailing Address 50 Beale Street
employee# xx5363

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 VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
910.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17422

Amount of Each Receipt this Period
455.00

Payroll contribution per cycle \$35.00

B. Krista Yokoyama
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8246
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 Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17425

Amount of Each Receipt this Period
234.00

Payroll contribution per cycle \$18.00

C. Marcus Zimmerling
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx5374
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 CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.17427

Amount of Each Receipt this Period
234.00

Payroll contribution per cycle \$18.00

SUBTOTAL of Receipts This Page (optional).....▶	923.00
TOTAL This Period (last page this line number only).....▶	80532.64

**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)

A. ANNA ESHOO FOR CONGRESS

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2016 Primary Contribution

Candidate Name
ANNA ESHOO FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 14

Date of Disbursement

/ /

Transaction ID : SB23.17465

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BLUMENTHAL FOR CONNECTICUT

Mailing Address C/O CACACE TUSCH & SANTAGATA
777 SUMMER ST SUITE 103

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement
2016 Primary Contribution

Candidate Name
BLUMENTHAL FOR CONNECTICUT

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CT District: 00

Date of Disbursement

/ /

Transaction ID : SB23.17458

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement
2016 Primary Contribution

Candidate Name
BRADY FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 08

Date of Disbursement

/ /

Transaction ID : SB23.17482

Amount of Each Disbursement this Period

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)

<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)

A. DENHAM FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR #150

City State Zip Code
SACRAMENTO CA 95833

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

DENHAM FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	16	/	2015

Transaction ID : SB23.17439

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City State Zip Code
VISALIA CA 93290

Purpose of Disbursement
Refund 2014 Primary Contribution

Candidate Name

DEVIN NUNES CAMPAIGN COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SB23.17478

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City State Zip Code
VISALIA CA 93290

Purpose of Disbursement
2016 General Contribution

Candidate Name

DEVIN NUNES CAMPAIGN COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	10	/	2015

Transaction ID : SB23.17443

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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**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)

A. FRIENDS OF JOHN THUNE

Mailing Address 200 NORTH PHILLIPS AVENUE STE L101

City SIOUX FALLS State SD Zip Code 57104

Purpose of Disbursement
2016 Primary Contribution

Candidate Name
FRIENDS OF JOHN THUNE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: SD District: 00

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2015

Transaction ID : SB23.17456

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD #412

City PALM BEACH GARDENS State FL Zip Code 33418

Purpose of Disbursement
2016 Primary Contribution

Candidate Name
FRIENDS OF PATRICK MURPHY

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District: 00

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2015

Transaction ID : SB23.17453

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
2016 Primary Contribution

Candidate Name
FRIENDS OF SCHUMER

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 00

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2015

Transaction ID : SB23.17462

Amount of Each Disbursement this Period

2500.00

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement
2016 General Contribution

Candidate Name
GEORGIANS FOR ISAKSON

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: GA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : SB23.17467

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
2016 Primary Contribution

Candidate Name
GRASSLEY COMMITTEE INC

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : SB23.17447

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GRASSLEY HAWKEYE FUND

Mailing Address PO BOX 25132

City ST PAUL State MN Zip Code 55125

Purpose of Disbursement
2016 Contribution

Candidate Name
GRASSLEY HAWKEYE FUND

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : SB23.17444

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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**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)

A. HOLDING ONTO OREGON'S PRIORITIES

Mailing Address PO BOX 3314

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement
2016 Contribution

Candidate Name
HOLDING ONTO OREGON'S PRIORITIES

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		10		2015

Transaction ID : **SB23.17441**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HOYER'S MAJORITY FUND

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
2016 Primary Contribution

Candidate Name
HOYER'S MAJORITY FUND

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2015

Transaction ID : **SB23.17459**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. LEADERSHIP OF TODAY AND TOMORROW

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Contribution

Candidate Name
LEADERSHIP OF TODAY AND TOMORROW

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2015

Transaction ID : **SB23.17466**

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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**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)

A. MCCARTHY VICTORY FUND

Mailing Address PO BOX 30844

City State Zip Code
BETHESDA MD 20824

Purpose of Disbursement
2016 Contribution

Candidate Name
MCCARTHY VICTORY FUND

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2015

Transaction ID : SB23.17472

Amount of Each Disbursement this Period

4600.00

Full Name (Last, First, Middle Initial)

B. MIKE CRAPO FOR US SENATE

Mailing Address PO BOX 1948

City State Zip Code
BOISE ID 83701

Purpose of Disbursement
2016 Primary Contribution

Candidate Name
MIKE CRAPO FOR US SENATE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: ID District: 00

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : SB23.17448

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MIKE CRAPO FOR US SENATE

Mailing Address PO BOX 1948

City State Zip Code
BOISE ID 83701

Purpose of Disbursement
2016 General Contribution

Candidate Name
MIKE CRAPO FOR US SENATE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: ID District: 00

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : SB23.17450

Amount of Each Disbursement this Period

500.00

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

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

7100.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. NEXT CENTURY FUND

Mailing Address 116 S ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
2016 Primary Contribution

Candidate Name
NEXT CENTURY FUND

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : SB23.17451

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. NORMA TORRES FOR CONGRESS

Mailing Address 728 W EDNA PLACE

City COVINA State CA Zip Code 91722

Purpose of Disbursement
2016 Primary Contribution

Candidate Name
NORMA TORRES FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 35

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : SB23.17457

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
Refund 2015 Primary Contribution

Candidate Name
PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) ▼
State: WA District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : SB23.17476

Amount of Each Disbursement this Period

-2500.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. TAMMY FOR ILLINOIS

Mailing Address PO BOX 10793

City State Zip Code
CHICAGO IL 60610

Purpose of Disbursement
2016 Primary Contribution

Candidate Name
TAMMY FOR ILLINOIS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2015

Transaction ID : **SB23.17463**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Mailing Address 228 S WASHINGTON STREET SUITE 115

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
2016 Contribution

Candidate Name
TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Transaction ID : **SB23.17440**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. VARGAS FOR CONGRESS

Mailing Address 330 ENCINITAS BLVD., SUITE 101

City State Zip Code
ENCINITAS CA 92024

Purpose of Disbursement
2016 Primary Contribution

Candidate Name
VARGAS FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : **SB23.17438**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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**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)

A. WALTERS FOR CONGRESS

Mailing Address 30151 TOMAS

City RANCHO SANTA MARGA State CA Zip Code 92688

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

WALTERS FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

Transaction ID : SB23.17437

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. WHITEHOUSE FOR SENATE

Mailing Address P.O. BOX 40280

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

WHITEHOUSE FOR SENATE

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: RI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

Transaction ID : SB23.17455

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

3000.00

45100.00
