

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

OCT 19 12 11 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER C00340364
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 50 BEALE STREET		
CITY, STATE and ZIP CODE SAN FRANCISCO, CA 94105		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

☐ 12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	8/98 (Inception)	9/98	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	through			
6. (a) Cash on Hand January 1, 1998				\$ NONE
(b) Cash on Hand at Beginning of Reporting Period			\$ NONE	
(c) Total Receipts (from Line 19)			\$ NONE	\$ NONE
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)			\$ NONE	\$ NONE
7. Total Disbursements (from Line 30)			\$ NONE	\$ NONE
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))			\$ NONE	\$ NONE
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)			\$ NONE	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)			\$ NONE	

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

Type or Print Name of Treasurer

LESLIE J. DAVIS

Signature of Treasurer

Leslie J. Davis

Date

10/13/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 8/98 TO 9/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	NONE	NONE	10000
ii. Unitemized	NONE	NONE	10000
iii. Total (add i and ii) >			11000
b. Political Party Committees			1100
c. Other Political Committees (such as PACs)			1100
d. Total Contributions (add a iii, b and c) >			11000
12. Transfers From Affiliated/Other Party Committees			0
13. All Loans Received			0
14. Loan Repayments Received			0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			0
17. Other Federal Receipts (Dividends, Interest, etc.)			0
18. Transfers from Nonfederal Account for Joint Activity			0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	NONE	NONE	0
20. Total Federal Receipts (subtract line 15 from line 19) >	NONE	NONE	0
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	NONE	NONE	21000
ii. Non-Federal Share			21000
b. Other Federal Operating Expenditures			2100
c. Total Operating Expenditures (add a i, a ii, and b) >			21000
22. Transfers to Affiliated/Other Party Committees			0
23. Contributions to Federal Candidates/Committees and Other Political Committees			0
24. Independent Expenditures (use Schedule E)			0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			0
26. Loan Repayments Made			0
27. Loans Made			0
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			2800
b. Political Party Committees			2800
c. Other Political Committees (such as PACs)			2800
d. Total Contribution Refunds (add a, b and c) >			2800
29. Other Disbursements			0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	NONE	NONE	0
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	NONE	NONE	0
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	NONE	NONE	0
33. Total Contribution Refunds (from line 28d)	NONE	NONE	0
34. Net Contributions (other than loans) (subtract line 33 from 32)	NONE	NONE	0
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	NONE	NONE	0
36. Offsets to Operating Expenditures (from line 15)	NONE	NONE	0
37. Net Operating Expenditures (subtract line 36 from 35) >	NONE	NONE	0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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

NAME OF COMMITTEE (In Full)

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

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

SUBTOTAL of Receipts This Page (optional)

NONE

TOTAL This Period (last page this line number only)

NONE

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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

NAME OF COMMITTEE (in Full)

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

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

SUBTOTAL of Disbursements This Page (optional)

NONE

TOTAL This Period (last page this line number only)

NONE

SCHEDULE C
(Revised 3/80)

LOANS

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

Name of Committee (in Full): BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE						
A. Full Name, Mailing Address and ZIP Code of Loan Source <div style="text-align: center; font-size: 1.2em;">N/A</div>	Original Amount of Loan <div style="text-align: center; font-size: 1.2em;">NONE</div>	Cumulative Payment To Date <div style="text-align: center; font-size: 1.2em;">NONE</div>	Balance Outstanding at Close of This Period <div style="text-align: center; font-size: 1.2em;">NONE</div>			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured						
List All Endorsers or Guarantors (if any) to Item A						
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
B. Full Name, Mailing Address and ZIP Code of Loan Source				Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured						
List All Endorsers or Guarantors (if any) to Item B						
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
SUBTOTALS This Period This Page (optional)				NONE		
TOTALS This Period (last page in this line only)				NONE		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

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

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

☐ Hand Delivered Date of Receipt

☐ First Class Mail POSTMARKED

☒ Registered/Certified Mail POSTMARKED
10-14-98

☐ No Postmark

☐ Postmark Illegible

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and Registration Date of Receipt

☐ Received from the Senate Office of Public
Records Date of Receipt

☐ Other (Specify): Postmarked
and/or Date of Receipt

☐ Electronic Filing

Jm
PREPARER

10-19-98
DATE PREPARED