

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 17 10 46 AM '99

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 CD0340364
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:

February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     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

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1/1/99 through 6/30/99		
6. (a) Cash on Hand January 1, 1999		\$ 0
(b) Cash on Hand at Beginning of Reporting Period	\$ 0	
(c) Total Receipts (from Line 10)	\$ 7,075.00	\$ 7,075.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 7,075.00	\$ 7,075.00
7. Total Disbursements (from Line 30)	\$ 3,005.76	\$ 3,058.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4,016.24	\$ 4,016.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20462 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

7/14/99

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

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FEC FORM 3X

(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 1/1/99 TO 6/30/99	
I Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees:			
i. Itemized (use Schedule A)	6,500.00	6,500.00	11510
ii. Unitemized	575.00	575.00	11600
iii. Total (add i and ii) >	7,075.00	7,075.00	11605
b. Political Party Committees			11610
c. Other Political Committees (such as PACs)			11615
d. Total Contributions (add a ii, b and c) >	7,075.00	7,075.00	11620
12. Transfers From Affiliated/Other Party Committees			11625
13. All Loans Received			11630
14. Loan Repayments Received			11635
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			11640
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			11645
17. Other Federal Receipts (Dividends, Interest, etc.)			11650
18. Transfers from Nonfederal Account for Joint Activity			11655
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			11660
20. Total Federal Receipts (subtract line 18 from line 19) >	7,075.00	7,075.00	11665
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
i. Federal Share			21620
ii. Non-Federal Share			21630
b. Other Federal Operating Expenditures			21640
c. Total Operating Expenditures (add a i, a ii, and b) >			21650
22. Transfers to Affiliated/Other Party Committees			21655
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	3,000.00	21660
24. Independent Expenditures (use Schedule E)			21665
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			21670
26. Loan Repayments Made			21675
27. Loans Made			21680
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			21685
b. Political Party Committees			21690
c. Other Political Committees (such as PACs)			21695
d. Total Contribution Refunds (add a, b and c) >			21700
29. Other Disbursements Bank account fees	58.76	58.76	21705
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			21710
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	3,058.76	3,058.76	21715
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	7,075.00	7,075.00	21720
33. Total Contribution Refunds (from line 28d)	0	0	21725
34. Net Contributions (other than loans) (subtract line 33 from 32)	7,075.00	7,075.00	21730
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	21735
36. Offsets to Operating Expenditures (from line 15)	0	0	21740
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	21745

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11.a.i.

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

**NAME OF COMMITTEE (in Full)**

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Swenson 131 LaSalle Avenue Piedmont, CA 94611	Blue Shield of California	4/2/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): TBD	Occupation Sr. V.P., Regional Chief	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Moon 1310 Jones Street #701 San Francisco, CA 94109	Blue Shield of California	4/5/99	\$3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): TBD	Occupation Chief Executive Officer	Aggregate Year-to-Date > \$ 3,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Schievelbein 2866 Washington Street San Francisco, CA 94115	Blue Shield of California	4/13/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Chief Financial Officer	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Bodaken 18 Turtle Rock Court Tiburon, CA 94920	Blue Shield of California	5/14/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation President, COO	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Markussen, MD 21 Early Morn Irvine, CA 92614	Blue Shield of California	5/20/99	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Assoc. Medical Director	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

**SUBTOTAL of Receipts This Page (optional)** ..... 6,500.00

**TOTAL This Period (last page this line number only)** ..... 6,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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 Dianne Feinstein Luncheon Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) US Senate	Date (month, day, year) 4/23/99	Amount of Each Disbursement This Period \$3,000.00
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)	3,000.00
TOTAL This Period (last page this line number only)	3,000.00

**LOANS**

Name of Committee (in Full) <b>BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE</b>					
A. Full Name, Mailing Address and ZIP Code of Loan Source  N/A	Original Amount of Loan  N/A	Cumulative Payment To Date  N/A	Balance Outstanding at Close of This Period  N/A		
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					
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) _____				0	
TOTALS This Period (last page in this line only) _____				0	
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**

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	N/A	N/A	N/A	N/A
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)				N/A
2) TOTALS This Period (last page in this line only)				N/A
3) TOTAL OUTSTANDING LOANS from Schedule G (last page only)				N/A
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				N/A

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-14-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>JMU</i> PREPARER	 7-17-99 DATE PREPARED