

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2009 through 06 30 2009

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 Karman Chan

Signature of Treasurer Electronically Filed by Karman Chan Date 07 31 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		82047.55
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	82047.55									
(c) Total Receipts (from Line 19) .....	60349.52	60349.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	142397.07	142397.07								
7. Total Disbursements (from Line 31) .....	60219.19	60219.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	82177.88	82177.88								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	40557.60	40557.60
(ii) Unitemized .....	19791.92	19791.92
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	60349.52	60349.52
(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) .....	60349.52	60349.52
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	60349.52	60349.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	60349.52	60349.52

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	60000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	219.19	219.19
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	60219.19	60219.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60219.19	60219.19

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	60349.52	60349.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60349.52	60349.52
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: PAGE 6 / 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

**A.**

Full Name (Last, First, Middle Initial) Salim Alama		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 116125 50 Beale Street		<b>Transaction ID:</b> SA11AI.9203
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield	Occupation Employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

**B.**

Full Name (Last, First, Middle Initial) Kenneth Sean Allen		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address emp 109049 50 Beale Street		<b>Transaction ID:</b> SA11AI.9205
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**C.**

Full Name (Last, First, Middle Initial) Dennis Alva		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address emp 109311 50 Beale Street		<b>Transaction ID:</b> SA11AI.9206
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 255.37
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$19.94
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.37	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>840.37</b>
<b>TOTAL</b> 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 7 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 David A Arnold Jr.  
 Mailing Address 114648  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9212**  
 Amount of Each Receipt this Period 329.00  
 Payroll contribution per cycle \$25.00  
 Name of Employer Blue Shield Occupation Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 329.00  
 FEC ID number of contributing federal political committee. **C**

**B.** Full Name (Last, First, Middle Initial)  
 Tanya Ballow  
 Mailing Address 108347  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9215**  
 Amount of Each Receipt this Period 292.50  
 Payroll contribution per cycle \$22.50  
 Name of Employer Blue Shield of California Occupation employee # 108347  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 292.50  
 FEC ID number of contributing federal political committee. **C**

**C.** Full Name (Last, First, Middle Initial)  
 Tracy Barnes  
 Mailing Address emp 22076  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9218**  
 Amount of Each Receipt this Period 295.00  
 Payroll contribution per cycle \$22.00  
 Name of Employer Blue Shield of California Occupation Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 295.00  
 FEC ID number of contributing federal political committee. **C**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **916.50**  
**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: PAGE 8 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Douglas Biehn

Mailing Address emp 112903, 50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.9227

Amount of Each Receipt this Period 260.00

Payroll contribution per cycle \$20.00

**B.** Full Name (Last, First, Middle Initial)  
Bruce Bodaken

Mailing Address emp 16451  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.9230

Amount of Each Receipt this Period 780.00

Payroll contribution per cycle \$60.00

**C.** Full Name (Last, First, Middle Initial)  
Ruta Britts

Mailing Address 112060  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.9239

Amount of Each Receipt this Period 260.00

Payroll contribution per cycle \$20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**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 9 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address emp 114076, 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 employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.9242

Amount of Each Receipt this Period 260.00

Payroll contribution per cycle \$20.00

**B.** Full Name (Last, First, Middle Initial)  
William Brown

Mailing Address emp 059004, 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 employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.45

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.9243

Amount of Each Receipt this Period 325.45

Payroll contribution per cycle \$24.15

**C.** Full Name (Last, First, Middle Initial)  
Michael-Anne Browne

Mailing Address emp 111514, 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 Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.9244

Amount of Each Receipt this Period 325.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **910.45**

**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 10 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Wendy Cerruti  
 Mailing Address emp 112821, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9251**  
 Amount of Each Receipt this Period 650.00  
 Payroll contribution per cycle \$50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield Occupation employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

**B.** Full Name (Last, First, Middle Initial)  
 Deborah Chase  
 Mailing Address emp 114029, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9253**  
 Amount of Each Receipt this Period 260.00  
 Payroll contribution per cycle \$20.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield Occupation employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

**C.** Full Name (Last, First, Middle Initial)  
 Vincent Coppola  
 Mailing Address 115946 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9261**  
 Amount of Each Receipt this Period 390.00  
 Payroll contribution per cycle \$30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Edward Cymerys

Mailing Address emp 114609, 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 employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.9269

Amount of Each Receipt this Period 1300.00

Payroll contribution per cycle \$100.00

**B.**

Full Name (Last, First, Middle Initial)  
Susan Deleeuw

Mailing Address 114798  
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 employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.9272

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

**C.**

Full Name (Last, First, Middle Initial)  
Ann DeRose

Mailing Address 113203  
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 employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.9275

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1885.00**

**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 12 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Tushar Desai  
 Mailing Address 115087  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9276**  
 Amount of Each Receipt this Period 292.50  
 Payroll contribution per cycle \$22.50  
 Name of Employer Blue Shield of California Occupation employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 292.50  
 FEC ID number of contributing federal political committee. **C**

**B.** Full Name (Last, First, Middle Initial)  
 Patricia R. Domenickine  
 Mailing Address emp 111504  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9278**  
 Amount of Each Receipt this Period 446.11  
 Payroll contribution per cycle \$45.00  
 Name of Employer Blue Shield of California Occupation Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 446.11  
 FEC ID number of contributing federal political committee. **C**

**C.** Full Name (Last, First, Middle Initial)  
 James Elliott  
 Mailing Address 115549  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9284**  
 Amount of Each Receipt this Period 1300.00  
 Payroll contribution per cycle \$100.00  
 Name of Employer Blue Shield of California Occupation employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1300.00  
 FEC ID number of contributing federal political committee. **C**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2038.61**  
**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 13 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Epstein	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address emp 110249 50 Beale Street	<b>Transaction ID:</b> SA11AI.9288
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 800.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$65.00
	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 ▼ 800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jacqueline Espinoza	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 115623 50 Beale Street	<b>Transaction ID:</b> SA11AI.9289
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 322.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$30.00
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathryn M. Ferguson	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address emp 32319 50 Beale Street	<b>Transaction ID:</b> SA11AI.9294
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 221.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$17.00
	Name of Employer Blue Shield of California Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1343.50</b>
<b>TOTAL</b> 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 14 / 44  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
 Heidi Fields  
 Mailing Address Employee #112238  
 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.9295  
 Amount of Each Receipt this Period 1562.91  
 Payroll contribution per cycle \$121.77  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of CA Occupation Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1562.91

**B.** Full Name (Last, First, Middle Initial)  
 Mark Gastineau  
 Mailing Address 115296  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.9300  
 Amount of Each Receipt this Period 520.00  
 Payroll contribution per cycle \$40.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

**C.** Full Name (Last, First, Middle Initial)  
 Devin Gensch  
 Mailing Address 114081  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.9303  
 Amount of Each Receipt this Period 249.00  
 Payroll contribution per cycle \$28.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2331.91**

**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 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Geyer	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address emp 42026 50 Beale Street	<b>Transaction ID:</b> SA11AI.9304
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 660.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$75.00
	Name of Employer Occupation Blue Shield of California Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lisa Ghotbi	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address emp 108225 50 Beale Street	<b>Transaction ID:</b> SA11AI.9305
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$100.00
	Name of Employer Occupation Blue Shield of California Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ketan Gima	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address emp 112246 50 Beale Street	<b>Transaction ID:</b> SA11AI.9306
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$50.00
	Name of Employer Occupation Blue Shield of California Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1710.00</b>
<b>TOTAL</b> 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 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah Gordon	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 115621 50 Beale Street	<b>Transaction ID:</b> SA11AI.9311
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 292.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Christy Gregg	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 022233 50 Beale Street	<b>Transaction ID:</b> SA11AI.9315
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 292.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) Melissa Hall	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 115540 50 Beale Street	<b>Transaction ID:</b> SA11AI.9319
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 322.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$30.00
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>907.50</b>
<b>TOTAL</b> 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 17 / 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey Hermosillo

Mailing Address 114845  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Occupation  
Blue Shield of California employee

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
292.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9328

Amount of Each Receipt this Period

292.50

Payroll contribution per cycle \$22.50

**B.**

Full Name (Last, First, Middle Initial)  
Brent Hitchings

Mailing Address 115569  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Occupation  
Blue Shield of California employee

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
382.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9331

Amount of Each Receipt this Period

382.50

Payroll contribution per cycle \$45.00

**C.**

Full Name (Last, First, Middle Initial)  
Stanford Hornbacher

Mailing Address 016615  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Occupation  
Blue Shield of California employee

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
292.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9339

Amount of Each Receipt this Period

292.50

Payroll contribution per cycle \$22.50

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

967.50

**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 18 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Marianne Jackson		Date of Receipt
	Mailing Address emp 112372 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City State Zip Code San Francisco CA 94105		<b>Transaction ID:</b> SA11AI.9349
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1040.00
	Name of Employer Occupation Blue Shield of California Senior Vice President, Human Resources		Payroll contribution per cycle \$80.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Seth Jacobs		Date of Receipt
	Mailing Address emp 16574 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City State Zip Code San Francisco CA 94105		<b>Transaction ID:</b> SA11AI.9350
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 292.50
	Name of Employer Occupation Blue Shield of California Employee		Payroll contribution per cycle \$22.50
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 292.50		

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Johnson		Date of Receipt
	Mailing Address emp 111769 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City State Zip Code San Francisco CA 94105		<b>Transaction ID:</b> SA11AI.9357
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 299.70
	Name of Employer Occupation Blue Shield of California Employee		Payroll contribution per cycle \$30.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 299.70		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1632.20</b>
<b>TOTAL</b> 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 19 / 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 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**

<b>A.</b>	Full Name (Last, First, Middle Initial) David Joyner		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address emp 19639 50 Beale Street		<b>Transaction ID:</b> SA11AI.9359		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 520.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$40.00		
	Name of Employer Blue Shield of California		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Tina Kibler		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 115267 50 Beale Street		<b>Transaction ID:</b> SA11AI.9369		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 362.50	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$40.00		
	Name of Employer Blue Shield of California		Occupation employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 362.50			

<b>C.</b>	Full Name (Last, First, Middle Initial) Janice A Lea		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 112048 50 Beale Street		<b>Transaction ID:</b> SA11AI.9382		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 325.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$25.00		
	Name of Employer Blue Shield		Occupation Employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1207.50</b>
<b>TOTAL</b> 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 20 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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 employee # 022384

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt 06 / 30 / 2009

**Transaction ID:** SA11AI.9388

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

**B.** Full Name (Last, First, Middle Initial)  
Anthony Lipp

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 employee # 004138

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt 06 / 30 / 2009

**Transaction ID:** SA11AI.9389

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

**C.** Full Name (Last, First, Middle Initial)  
Louis Lombardo

Mailing Address emp 15859  
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 Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt 06 / 30 / 2009

**Transaction ID:** SA11AI.9392

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 877.50

**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: PAGE 21 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Kathleen M. Lucke

Mailing Address emp 111911  
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 Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 426.19

Date of Receipt 06 / 30 / 2009  
Transaction ID: SA11AI.9397  
Amount of Each Receipt this Period 426.19  
Payroll contribution per cycle \$30.33

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

Mailing Address emp 112179  
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 Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2009  
Transaction ID: SA11AI.9401  
Amount of Each Receipt this Period 325.00  
Payroll contribution per cycle \$25.00

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

Mailing Address emp 109411  
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 Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2009  
Transaction ID: SA11AI.9402  
Amount of Each Receipt this Period 390.00  
Payroll contribution per cycle \$30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1141.19

**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 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Elinor Mackinnon		Date of Receipt
	Mailing Address emp 113314, 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9403
Name of Employer Blue Shield		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 670.00	<input type="text"/> 670.00
		Payroll contribution per cycle \$55.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Markovich		Date of Receipt
	Mailing Address emp 16510 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9407
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1021.00	<input type="text"/> 1021.00
		Payroll contribution per cycle \$82.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas McCaffery		Date of Receipt
	Mailing Address 115792 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9411
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	<input type="text"/> 390.00
		Payroll contribution per cycle \$30.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2081.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Lorie Merrill

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 employee # 095447

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9422

Amount of Each Receipt this Period  
202.50

Payroll contribution per cycle \$22.50

**B.**

Full Name (Last, First, Middle Initial)  
Cathleen Murphy

Mailing Address emp 113067, 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 employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9430

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**C.**

Full Name (Last, First, Middle Initial)  
Debbie Naegle

Mailing Address emp 16484  
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 Employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 456.01

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9432

Amount of Each Receipt this Period  
456.01

Payroll contribution per cycle \$35.82

**SUBTOTAL** of Receipts This Page (optional) ..... ► **983.51**

**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 24 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Paul Nicknig  
 Mailing Address 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9435**  
 Amount of Each Receipt this Period 292.50  
 Payroll contribution per cycle \$22.50  
 Name of Employer Blue Shield of California Occupation employee # 112383  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 292.50  
 FEC ID number of contributing federal political committee. **C**

**B.** Full Name (Last, First, Middle Initial)  
 Robert Novelli  
 Mailing Address emp 111112 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9436**  
 Amount of Each Receipt this Period 648.80  
 Payroll contribution per cycle \$72.57  
 Name of Employer Blue Shield of California Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 648.80  
 FEC ID number of contributing federal political committee. **C**

**C.** Full Name (Last, First, Middle Initial)  
 Christine Orr  
 Mailing Address Employee #040096 50 Beale St.,  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9634**  
 Amount of Each Receipt this Period 325.00  
 Payroll contribution per cycle \$25.00  
 Name of Employer Blue Shield of CA Occupation Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 325.00  
 FEC ID number of contributing federal political committee. **C**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1266.30**  
**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 / 44
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Jenni Owens		Date of Receipt
	Mailing Address emp 032219 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9444
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	325.00
		Payroll contribution per cycle \$25.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kimberley Reed		Date of Receipt
	Mailing Address emp 109736 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9471
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	325.00
		Payroll contribution per cycle \$25.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Julie Reid		Date of Receipt
	Mailing Address emp 032370 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9472
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	325.00
		Payroll contribution per cycle \$25.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>975.00</b>
<b>TOTAL</b> 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 26 / 44  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial) Kathy Richards		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address emp 109053 50 Beale Street		<b>Transaction ID:</b> SA11AI.9475
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 650.00
Name of Employer Blue Shield of California	Occupation Director	Payroll contribution per cycle \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

**B.**

Full Name (Last, First, Middle Initial) Mika D. Riedinger		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address emp 27156 50 Beale Street		<b>Transaction ID:</b> SA11AI.9476
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 239.87
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$18.47
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.87	

**C.**

Full Name (Last, First, Middle Initial) Thad Roake		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 50 Beale Street		<b>Transaction ID:</b> SA11AI.9478
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3180.41
Name of Employer Blue Shield of California	Occupation employee # 115536	Payroll contribution per cycle \$60.97
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3180.41	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4070.28</b>
<b>TOTAL</b> 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 27 / 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Garry Ronco

Mailing Address 50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation employee # 115653

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 302.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.9483

Amount of Each Receipt this Period  
302.50

Payroll contribution per cycle \$25.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Safran

Mailing Address emp 109164, 50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.9486

Amount of Each Receipt this Period  
260.00

Payroll contribution per cycle \$20.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard Salow

Mailing Address 50 Beale Street

City State Zip Code  
San Francisco CA 94105

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

Name of Employer Blue Shield of California Occupation employee # 115516

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.9488

Amount of Each Receipt this Period  
345.00

Payroll contribution per cycle \$30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **907.50**

**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: PAGE 28 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Derek Schneider

Mailing Address emp 116208  
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 employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2009  
Transaction ID: SA11AI.9492  
Amount of Each Receipt this Period 325.00  
Payroll contribution per cycle \$25.00

**B.** Full Name (Last, First, Middle Initial)  
Deborah Smith

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 employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 214.50

Date of Receipt 06 / 30 / 2009  
Transaction ID: SA11AI.9497  
Amount of Each Receipt this Period 214.50  
Payroll contribution per cycle \$16.50

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

Mailing Address emp 114420, 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 employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 277.71

Date of Receipt 06 / 30 / 2009  
Transaction ID: SA11AI.9503  
Amount of Each Receipt this Period 277.71  
Payroll contribution per cycle \$21.72

**SUBTOTAL** of Receipts This Page (optional) ..... ► 817.21

**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 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy Stalker	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address emp 16479 50 Beale Street	<b>Transaction ID:</b> SA11AI.9507
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 390.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$30.00
	Name of Employer Blue Shield of California Occupation Vice President, Pharmacy Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary C. St John	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address emp 95485 50 Beale Street	<b>Transaction ID:</b> SA11AI.9511
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$25.00
	Name of Employer Blue Shield of California Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kimberly Streit	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address emp 095254 50 Beale Street	<b>Transaction ID:</b> SA11AI.9513
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$25.00
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1040.00</b>
<b>TOTAL</b> 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 30 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Malcolm Strohson Jr.  
 Mailing Address 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9514**  
 Amount of Each Receipt this Period 292.50  
 Payroll contribution per cycle \$22.50  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation employee # 115599  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 292.50

**B.** Full Name (Last, First, Middle Initial)  
 Preddis Sullivan  
 Mailing Address emp 115476  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9516**  
 Amount of Each Receipt this Period 325.00  
 Payroll contribution per cycle \$25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 325.00

**C.** Full Name (Last, First, Middle Initial)  
 Lyle Swallow  
 Mailing Address emp 18612  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID: SA11AI.9517**  
 Amount of Each Receipt this Period 975.00  
 Payroll contribution per cycle \$75.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 975.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1592.50**  
**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: PAGE 31 / 44  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial) Eric Terndrup		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address emp 114199 50 Beale St.		<b>Transaction ID:</b> SA11AI.9521
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 379.57
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$29.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 379.57	

**B.**

Full Name (Last, First, Middle Initial) Margaret Trevor		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address emp 115606 50 Beale Street		<b>Transaction ID:</b> SA11AI.9531
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

**C.**

Full Name (Last, First, Middle Initial) Robert Veeneman		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 50 Beale Street		<b>Transaction ID:</b> SA11AI.9535
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 900.00
Name of Employer Blue Shield of California	Occupation employee # 095413	Payroll contribution per cycle \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1604.57</b>
<b>TOTAL</b> 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 32 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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 employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2009  
Transaction ID: SA11AI.9537  
Amount of Each Receipt this Period 750.00  
Payroll contribution per cycle \$75.00

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

Mailing Address emp 18560  
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 Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2009  
Transaction ID: SA11AI.9543  
Amount of Each Receipt this Period 390.00  
Payroll contribution per cycle \$30.00

**C.** Full Name (Last, First, Middle Initial)  
Troy Ward

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 employee # 114007

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt 06 / 30 / 2009  
Transaction ID: SA11AI.9548  
Amount of Each Receipt this Period 292.50  
Payroll contribution per cycle \$22.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1432.50

**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 33 / 44
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Diane Watts		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address emp 113379, 50 Beale Street		<b>Transaction ID:</b> SA11AI.9549
	City San Francisco	State CA	Zip Code 94105
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 260.00
	Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Weideman		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 114691 50 Beale St		<b>Transaction ID:</b> SA11AI.9550
	City San Francisco	State CA	Zip Code 94105
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 560.00
	Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 560.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Noel Whitman		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 50 Beale Street		<b>Transaction ID:</b> SA11AI.9558
	City San Francisco	State CA	Zip Code 94105
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 292.50
	Name of Employer Blue Shield fo California	Occupation employee # 114963	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 292.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1112.50</b>
<b>TOTAL</b> 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 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Janet D. Widmann	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address emp 111756 50 Beale Street	<b>Transaction ID:</b> SA11AI.9559
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 390.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$30.00
	Name of Employer Blue Shield of California Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jered Wilson	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.9565
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation employee # 115412 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 292.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) Amy Yao	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.9573
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 390.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$30.00
	Name of Employer Blue Shield of California Occupation employee #115363 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1072.50</b>
<b>TOTAL</b> 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 35 / 44	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)  
John S. Yao

Mailing Address 50 Beale Street

City	State	Zip Code
San Francisco	CA	94105

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

Name of Employer Blue Shield of California	Occupation employee # 111926
---	---------------------------------

Receipt For:

Primary     General

Other (specify) ▼

Aggregate Year-to-Date ▼

292.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.9574

Amount of Each Receipt this Period

292.50

Payroll contribution per cycle \$22.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	292.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	40557.60

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) AHIP</p> <p>Mailing Address 601 Penn. Avenue NW</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement 2009 General Election</p> <p>Candidate Name AHIP</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9614</p> <p>Date of Disbursement 06 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name BECERRA FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9584</p> <p>Date of Disbursement 02 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name BENNETT ELECTION COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9608</p> <p>Date of Disbursement 05 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

7000.00

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BLUEPAC - BCBSA PAC</p> <p>Mailing Address 1310 G STREET NW</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 BCBSA PAC Contribution - no code for PAC</p> <p>Candidate Name BLUEPAC - BCBSA PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9585</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 12500.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) BOXER CDP 2010</p> <p>Mailing Address 1401 21st Street Suite 200</p> <p>City Sacramento State CA Zip Code 95811</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name BOXER CDP 2010</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9598</p> <p>Date of Disbursement 04 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CARPER FOR SENATE</p> <p>Mailing Address 19 EAST COMMONS BLVD</p> <p>City NEW CASTLE State DE Zip Code 19720</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name CARPER FOR SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9597</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

16500.00

**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

A.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010	Transaction ID: SB23.9602 Date of Disbursement
	Mailing Address 5915 Eastman Avenue Suite 100	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Primary Election	<input type="text" value="1000.00"/>
	Candidate Name DAVE CAMP FOR CONGRESS 2010	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MI District: 04	

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONG. CAMPAIGN COMM.	Transaction ID: SB23.9580 Date of Disbursement
	Mailing Address 430 South Capitol Street SE 2nd Floor	<input type="text" value="01"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 General Election	<input type="text" value="5000.00"/>
	Candidate Name DEMOCRATIC CONG. CAMPAIGN COMM.	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: DC District: 00	

C.	Full Name (Last, First, Middle Initial) DEMOCRATIC SEN. CAMPAIGN COMMITTEE	Transaction ID: SB23.9581 Date of Disbursement
	Mailing Address 120 MARYLAND AVENUE NE	<input type="text" value="01"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 General Election	<input type="text" value="5000.00"/>
	Candidate Name DEMOCRATIC SEN. CAMPAIGN COMMITTEE	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: DC District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

A.

Full Name (Last, First, Middle Initial)  
FRIENDS FOR HARRY REID

Transaction ID: SB23.9604  
Date of Disbursement

Mailing Address P.O. BOX 19163

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	9

City LAS VEGAS State NV Zip Code 89132

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
2009 Primary Election

Category/  
Type

Candidate Name  
FRIENDS FOR HARRY REID

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: NV District: 00

B.

Full Name (Last, First, Middle Initial)  
FRIENDS OF BYRON DORGAN

Transaction ID: SB23.9582  
Date of Disbursement

Mailing Address PO BOX 871

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	0	9

City BISMARCK State ND Zip Code 58502

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
2009 Primary Election

Category/  
Type

Candidate Name  
FRIENDS OF BYRON DORGAN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: ND District: 00

C.

Full Name (Last, First, Middle Initial)  
FUND FOR THE MAJORITY

Transaction ID: SB23.9591  
Date of Disbursement

Mailing Address 1212 S VICTORY BLVD

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	9

City BURBANK State CA Zip Code 91502

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2009 Primary Election

Category/  
Type

Candidate Name  
FUND FOR THE MAJORITY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

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

7500.00
---------

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name HATCH ELECTION COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9600</p> <p>Date of Disbursement 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS</p> <p>Mailing Address 4590 Macarthur Boulevard Suite 500</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name JOHN CAMPBELL FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9589</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS</p> <p>Mailing Address 455 Capitol Mall Suite 801</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name KEVIN MCCARTHY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9590</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>LEADERSHIP IN THE NEW CENTURY (LINC PAC)</b></p> <p>Mailing Address 124 West Capitol Avenue Suite 630</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name <b>LEADERSHIP IN THE NEW CENTURY (LINC PAC)</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB23.9612 <b>Date of Disbursement</b> 06 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>MATSUI FOR CONGRESS</b></p> <p>Mailing Address PO BOX 1738</p> <p>City SACRAMENTO State CA Zip Code 95812</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name <b>MATSUI FOR CONGRESS</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB23.9615 <b>Date of Disbursement</b> 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>MIKE HONDA FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 8180</p> <p>City San Jose State CA Zip Code 95155</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name <b>MIKE HONDA FOR CONGRESS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 15</p>	<p><b>Transaction ID:</b> SB23.9595 <b>Date of Disbursement</b> 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MOUNTAINEER PAC</p> <p>Mailing Address 607 14TH STREET NW SUITE 800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name MOUNTAINEER PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9606</p> <p>Date of Disbursement 05 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS</p> <p>Mailing Address 235 Montgomery Street Suite 610</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name NANCY PELOSI FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9587</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS</p> <p>Mailing Address PO BOX 16021</p> <p>City Alexandria State VT Zip Code 22301</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name NATHAN DEAL FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9583</p> <p>Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND <hr/> Mailing Address P.O. Box 32025 <hr/> City Phoenix State AZ Zip Code 85064 <hr/> Purpose of Disbursement 2009 Primary Election Candidate Name SENATE MAJORITY FUND <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9617 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SOLIDARITY PAC <hr/> Mailing Address 607 14th Street N.W. Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2009 General Election Candidate Name SOLIDARITY PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9610 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 3500.00
	Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4500.00

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

6000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 44

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

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

A.

Full Name (Last, First, Middle Initial)

Bank, Fees

Mailing Address 345 Montgomery Street

City San Francisco State CA Zip Code 94101

Purpose of Disbursement  
Account Analysis Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.9624

Date of Disbursement

06 / 15 / 2009

Amount of Each Disbursement this Period

30.38

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

30.38

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

30.38