

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2014 through 06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Emily Glidden

Signature of Treasurer Emily Glidden [Electronically Filed] Date 07 15 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="119479.56"/>	<input type="text" value="119479.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="120257.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="36085.50"/>	<input type="text" value="66514.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="156342.91"/>	<input type="text" value="185994.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17048.64"/>	<input type="text" value="46699.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="139294.27"/>	<input type="text" value="139294.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26790.50	37533.50
(ii) Unitemized	9295.00	28981.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36085.50	66514.50
(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)	36085.50	66514.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	36085.50	66514.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36085.50	66514.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	46600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	48.64	99.79
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17048.64	46699.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17048.64	46699.79

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	36085.50	66514.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36085.50	66514.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Salim Alama
Full Name (Last, First, Middle Initial)

Mailing Address emp xx6125
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11Al.15492

Amount of Each Receipt this Period
100.00

Payroll contribution per cycle \$16.7

B. Cyrus J Aram
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8445
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11Al.15411

Amount of Each Receipt this Period
175.00

Payroll contribution per cycle \$29.2

C. Terri J. Baker
Full Name (Last, First, Middle Initial)

Mailing Address emp xx1950, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
286.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11Al.15447

Amount of Each Receipt this Period
154.00

Payroll contribution per cycle \$25.7

SUBTOTAL of Receipts This Page (optional)..... ▶ 429.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Phillip B Baldi
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx6202
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15422
 Amount of Each Receipt this Period
 175.00
 Payroll contribution per cycle \$29.2

B. Tanya Ballow
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx8347
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15444
 Amount of Each Receipt this Period
 157.50
 Payroll contribution per cycle \$26.3

C. Tracy Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx2076
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15368
 Amount of Each Receipt this Period
 280.00
 Payroll contribution per cycle \$46.7

SUBTOTAL of Receipts This Page (optional).....▶	612.50
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 8 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Margaret Beed
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8615
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15454

Amount of Each Receipt this Period
140.00

Payroll Contribution per cycle \$23.3

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

Mailing Address emp xx1425
50 Beale street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15624

Amount of Each Receipt this Period
400.00

Payroll contribution per cycle \$66.7

C. Melinda Bergstrom
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx2057
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15449

Amount of Each Receipt this Period
140.00

Payroll Contribution per cycle \$23.3

SUBTOTAL of Receipts This Page (optional)..... ▶ 680.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Michael Beuoy

Mailing Address Employee# 5248
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15421

Amount of Each Receipt this Period
175.00

Payroll contribution per cycle \$29.2

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

Mailing Address emp xx2060
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15458

Amount of Each Receipt this Period
140.00

Payroll Contribution per cycle \$23.3

Full Name (Last, First, Middle Initial)
C. Laverne A Brizendine

Mailing Address emp xx6076
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15431

Amount of Each Receipt this Period
175.00

Payroll contribution per cycle \$29.2

SUBTOTAL of Receipts This Page (optional)..... ▶ 490.00

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 10 OF 48
(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. Thomas Brophy
Full Name (Last, First, Middle Initial)
Mailing Address emp xx4076, 50 Beale Street
City San Francisco State CA Zip Code 94105
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : SA11AI.15364
Amount of Each Receipt this Period **315.00**
Payroll contribution per cycle \$52.5

B. Paul Brown
Full Name (Last, First, Middle Initial)
Mailing Address Emp #xx0647 50 Beale Street
City San Francisco State CA Zip Code 94105
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Shield of CA Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : SA11AI.15413
Amount of Each Receipt this Period **175.00**
Payroll contribution per cycle \$29.2

C. Sharon Brown
Full Name (Last, First, Middle Initial)
Mailing Address Employee# xx5991 50 Beale Street
City San Francisco State CA Zip Code 94105
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Shield of CA Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : SA11AI.15402
Amount of Each Receipt this Period **175.00**
Payroll contribution per cycle \$29.2

SUBTOTAL of Receipts This Page (optional)..... **665.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Catherine Campbell		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15365
Mailing Address Employee# xx0969 50 Beale Street		Amount of Each Receipt this Period 315.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	Payroll contribution per cycle \$52.5

Full Name (Last, First, Middle Initial) B. Elena Casserly		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15395
Mailing Address Employee #xx6221 50 Beale St.,		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Employee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	Payroll contribution per cycle \$29.2

Full Name (Last, First, Middle Initial) C. Andrew Chasin		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15361
Mailing Address Employee #xx8020 50 Beale Street		Amount of Each Receipt this Period 315.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	Payroll contribution per cycle \$52.5

SUBTOTAL of Receipts This Page (optional).....▶	805.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Kimberly A Crea		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15427
Mailing Address Employee# xx5254 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$29.2	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Michael Dahlem		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15358
Mailing Address Emp# xx1109 50 Beale Street		Amount of Each Receipt this Period 350.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$58.3	
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Shannon Datcher		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15430
Mailing Address Employee #xx7287 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$29.2	
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ann DeRose		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15442
Mailing Address emp xx3203 50 Beale Street		Amount of Each Receipt this Period 157.50
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	
		Payroll contribution per cycle \$26.3

Full Name (Last, First, Middle Initial) B. Renee Devine		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15469
Mailing Address Emp# xx0495 50 Beale Street		Amount of Each Receipt this Period 126.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	
		Payroll Contribution per cycle \$21.00

Full Name (Last, First, Middle Initial) C. Rajkumar Dharmar		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15415
Mailing Address Employee# xx8261 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
		Payroll contribution per cycle \$29.2

SUBTOTAL of Receipts This Page (optional).....▶	458.50
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 14 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Lisa Diamond		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15405
Mailing Address Employee# xx8612 50 Beale Street		Amount of Each Receipt this Period 175.00 Payroll contribution per cycle \$29.2
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Edward A Diver		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15428
Mailing Address Employee# xx8790 50 Beale Street		Amount of Each Receipt this Period 175.00 Payroll contribution per cycle \$29.2
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Linda Dowsett		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15397
Mailing Address Emp xx4382 50 Beale Street		Amount of Each Receipt this Period 175.00 Payroll contribution per cycle \$29.2
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jacqueline Ejuwa		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15399
Mailing Address Employee #xx3113 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$29.2	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Thomas Epstein		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15350
Mailing Address emp xx0249 50 Beale Street		Amount of Each Receipt this Period 560.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$93.3	
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 ▼ 1040.00	

Full Name (Last, First, Middle Initial) C. Kathryn M. Ferguson		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15472
Mailing Address emp xx2319 50 Beale Street		Amount of Each Receipt this Period 119.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$19.8	
Name of Employer Blue Shield of California	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	

SUBTOTAL of Receipts This Page (optional).....▶	854.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dawn Fortino		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15401
Mailing Address Employee# xx8687 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$29.2	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Nicole R Fosdick		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15451
Mailing Address Employee# xx7380 50 Beale Street		Amount of Each Receipt this Period 140.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll Contribution per cycle \$23.3	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Michael Gebhart		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15403
Mailing Address Emp# xx7244 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$29.2	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	490.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Devin Gensch		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15392
Mailing Address emp xx4081 50 Beale Street		Amount of Each Receipt this Period 196.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$32.7
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00	

Full Name (Last, First, Middle Initial) B. Robert Geyer		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15347
Mailing Address emp xx2026 50 Beale Street		Amount of Each Receipt this Period 700.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$116.7
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 ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. Diana G Gibson Pace		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15606
Mailing Address Employee# xx0252 50 Beale Street		Amount of Each Receipt this Period 245.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$40.8
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

SUBTOTAL of Receipts This Page (optional).....▶	1141.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ketan Gima		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15352
Mailing Address emp xx2246 50 Beale Street		Amount of Each Receipt this Period 525.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	
		Payroll contribution per cycle \$87.5

Full Name (Last, First, Middle Initial) B. Emily Glidden		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15346
Mailing Address emp xx5840 50 Beale Street		Amount of Each Receipt this Period 1400.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	
		Payroll contribution per cycle \$233.3

Full Name (Last, First, Middle Initial) C. Kirsten Gorsuch		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15351
Mailing Address Emp# xx1231 50 Beale Street		Amount of Each Receipt this Period 560.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Sr VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	
		Payroll contribution per cycle \$93.3

SUBTOTAL of Receipts This Page (optional).....▶	2485.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address emp xx7417
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15460

Amount of Each Receipt this Period
140.00

Payroll Contribution per cycle \$23.3

B. Christy Gregg
Full Name (Last, First, Middle Initial)

Mailing Address emp xx2233
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15407

Amount of Each Receipt this Period
175.00

Payroll contribution per cycle \$29.2

C. Raul E Guerridos
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx2698
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15470

Amount of Each Receipt this Period
126.00

Payroll contribution per cycle \$21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 441.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Heather Hawker		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15409
Mailing Address emp xx3628, 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$29.2	
Name of Employer Blue Shield	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Michelle M Hawkins		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15412
Mailing Address Employee# xx4936 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$29.2	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Hermosillo		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15439
Mailing Address emp xx4845 50 Beale Street		Amount of Each Receipt this Period 157.50
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$26.3	
Name of Employer Blue Shield of California	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

SUBTOTAL of Receipts This Page (optional).....▶	507.50
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 21 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gary R Herzberg		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15414
Mailing Address Employee# xx0509 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$29.2
Name of Employer Blue Shield of CA	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Larry Hilty		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15383
Mailing Address emp xx9314 50 Beale Street		Amount of Each Receipt this Period 210.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$35
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Louis Hirsh		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15441
Mailing Address emp xx9409 50 Beale Street		Amount of Each Receipt this Period 157.50
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$26.3
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

SUBTOTAL of Receipts This Page (optional).....▶	542.50
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 22 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John A Hirshleifer		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15416
Mailing Address Employee# xx8743 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$29.2	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Brent Hitchings		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15359
Mailing Address emp xx5569 50 Beale Street		Amount of Each Receipt this Period 315.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$52.5	
Name of Employer Blue Shield of California	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) C. Jennifer Hobart		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15374
Mailing Address Employee #xx6684 50 Beale Street		Amount of Each Receipt this Period 280.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$46.7	
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional).....▶	770.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address Emp# xx0479
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15467

Amount of Each Receipt this Period
126.00

Payroll Contribution per cycle \$21.00

Full Name (Last, First, Middle Initial)
B. Terry Hokinson

Mailing Address Employee #xx7017
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15388

Amount of Each Receipt this Period
210.00

Payroll contribution per cycle \$35

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

Mailing Address emp xx6615
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 Callifornia Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
292.50

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15440

Amount of Each Receipt this Period
157.50

Payroll contribution per cycle \$26.3

SUBTOTAL of Receipts This Page (optional)..... ▶ 493.50

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 24 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Janis Hoyt
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx1221
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15423

Amount of Each Receipt this Period
175.00

Payroll contribution per cycle \$29.2

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

Mailing Address Employee #xx6366
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15382

Amount of Each Receipt this Period
210.00

Payroll contribution per cycle \$35

C. Seth Jacobs
Full Name (Last, First, Middle Initial)

Mailing Address emp xx6574
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Sr. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15379

Amount of Each Receipt this Period
245.00

Payroll contribution per cycle \$40.8

SUBTOTAL of Receipts This Page (optional)..... ▶ 630.00

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 25 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Meg Jay

Mailing Address Emp# xx5293
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15466

Amount of Each Receipt this Period
126.00

Payroll Contribution per cycle \$21.00

Full Name (Last, First, Middle Initial)
B. Lorie Johns

Mailing Address Employee #xx5447
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15658

Amount of Each Receipt this Period
135.00

Payroll contribution per cycle \$22.5

Full Name (Last, First, Middle Initial)
C. Michael Johnson

Mailing Address emp xx1769
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15384

Amount of Each Receipt this Period
210.00

Payroll contribution per cycle \$35

SUBTOTAL of Receipts This Page (optional)..... ▶ 471.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Johnathan K Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address Emp# xx8180
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Supervisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **234.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15463
 Amount of Each Receipt this Period
126.00
 Payroll Contribution per cycle \$21.00

B. Aaron Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address Emp# xx1040
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **910.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15354
 Amount of Each Receipt this Period
490.00
 Payroll contribution per cycle \$81.7

C. Pradip Khemani
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx7222
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15425
 Amount of Each Receipt this Period
175.00
 Payroll contribution per cycle \$29.2

SUBTOTAL of Receipts This Page (optional).....	791.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Andrew Kiefer		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15390
Mailing Address Employee #xx8277 50 Beale Street		Amount of Each Receipt this Period 210.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$35	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Keith Kim		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15380
Mailing Address Employee #xx5487 50 Beale St.,		Amount of Each Receipt this Period 245.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$40.8	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

Full Name (Last, First, Middle Initial) C. Laura Lewis		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15445
Mailing Address 50 Beale Street employee #xx2384		Amount of Each Receipt this Period 157.50
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$26.3	
Name of Employer Blue Shield of California	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

SUBTOTAL of Receipts This Page (optional).....▶	612.50
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 28 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ruth Liu
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8903
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2014
Transaction ID : SA11AI.15433

Amount of Each Receipt this Period
175.00

Payroll contribution per cycle \$29.2

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

Mailing Address emp xx5859
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
292.50

Date of Receipt
MM / DD / YYYY
06 / 30 / 2014
Transaction ID : SA11AI.15446

Amount of Each Receipt this Period
157.50

Payroll contribution per cycle \$26.3

C. Alison Lum
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8386
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2014
Transaction ID : SA11AI.15400

Amount of Each Receipt this Period
175.00

Payroll contribution per cycle \$29.2

SUBTOTAL of Receipts This Page (optional)..... ▶ 507.50

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 29 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kathleen Lynaugh
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx9411
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15377
 Amount of Each Receipt this Period
 245.00
 Payroll contribution per cycle \$40.8

B. Michael S Mallory
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx8387
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15396
 Amount of Each Receipt this Period
 175.00
 Payroll contribution per cycle \$29.2

C. Paul Markovich
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx6510
 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 President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15349
 Amount of Each Receipt this Period
 574.00
 Payroll contribution per cycle \$95.7

SUBTOTAL of Receipts This Page (optional)..... ▶ 994.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas McCaffery
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx5792
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15389
 Amount of Each Receipt this Period
 210.00
 Payroll contribution per cycle \$35

B. Jessica A McCarthy
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx7123
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15373
 Amount of Each Receipt this Period
 280.00
 Payroll contribution per cycle \$46.7

C. William McQueen
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx5076
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15387
 Amount of Each Receipt this Period
 210.00
 Payroll contribution per cycle \$35

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Andrea Minarcin
Full Name (Last, First, Middle Initial)

Mailing Address 50 Beale Street
employee #xx4753

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
06 / 30 / 2014
Transaction ID : **SA11AI.15434**

Amount of Each Receipt this Period
175.00

Payroll contribution per cycle \$29.2

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

Mailing Address emp xx3904, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
06 / 30 / 2014
Transaction ID : **SA11AI.15372**

Amount of Each Receipt this Period
280.00

Payroll contribution per cycle \$46.7

C. Michael Murray
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx1032
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
06 / 30 / 2014
Transaction ID : **SA11AI.15367**

Amount of Each Receipt this Period
300.00

Payroll contribution per cycle \$50

SUBTOTAL of Receipts This Page (optional)..... **755.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael O'Neil
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8692
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
06 / 30 / 2014
Transaction ID : **SA11AI.15357**

Amount of Each Receipt this Period
350.00

Payroll contribution per cycle \$58.3

B. Timothy O'Neill
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8459
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
06 / 30 / 2014
Transaction ID : **SA11AI.15417**

Amount of Each Receipt this Period
175.00

Payroll contribution per cycle \$29.2

C. Robert E Olsen
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx7587
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **299.00**

Date of Receipt
06 / 30 / 2014
Transaction ID : **SA11AI.15436**

Amount of Each Receipt this Period
161.00

Payroll contribution per cycle \$26.8

SUBTOTAL of Receipts This Page (optional)..... **686.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Armine Papouchian-Kulinski		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15404
Mailing Address Employee #xx5680 50 Beale St.,		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
		Payroll contribution per cycle \$29.2

Full Name (Last, First, Middle Initial) B. Alice Raia		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15370
Mailing Address Employee# xx7898 50 Beale Street		Amount of Each Receipt this Period 280.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
		Payroll contribution per cycle \$46.7

Full Name (Last, First, Middle Initial) C. Anchulee J Raongthum		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15471
Mailing Address Emp# xx6257 50 Beale Street		Amount of Each Receipt this Period 126.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	
		Payroll contribution per cycle \$21.00

SUBTOTAL of Receipts This Page (optional).....▶	581.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Andrew S Robertson
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx8727
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15550

Amount of Each Receipt this Period
60.00

Payroll Contribution per cycle \$10.00

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

Mailing Address Employee #xx7680
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15452

Amount of Each Receipt this Period
140.00

Payroll Contribution per cycle \$23.3

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

Mailing Address emp xx1723, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15398

Amount of Each Receipt this Period
175.00

Payroll contribution per cycle \$29.2

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cynthia Russell
 Full Name (Last, First, Middle Initial)
 Mailing Address Emp# xx0497
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15424
 Amount of Each Receipt this Period
175.00
 Payroll contribution per cycle \$29.2

B. Joseph Safran
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx9164, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15455
 Amount of Each Receipt this Period
140.00
 Payroll Contribution per cycle \$23.3

C. Lauri Satterwhaite
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx9223
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.15457
 Amount of Each Receipt this Period
140.00
 Payroll Contribution per cycle \$23.3

SUBTOTAL of Receipts This Page (optional)..... **455.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michelle Y Shih
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx6919
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt
 06 / 30 / 2014
Transaction ID : SA11AI.15406
 Amount of Each Receipt this Period
175.00
 Payroll contribution per cycle \$29.2

B. Stephen Shivinsky
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx8369
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.00**

Date of Receipt
 06 / 30 / 2014
Transaction ID : SA11AI.15375
 Amount of Each Receipt this Period
280.00
 Payroll contribution per cycle \$46.7

C. Michelle A Simpson
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx7706
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt
 06 / 30 / 2014
Transaction ID : SA11AI.15426
 Amount of Each Receipt this Period
175.00
 Payroll contribution per cycle \$29.2

SUBTOTAL of Receipts This Page (optional)..... **630.00**
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 37 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jeffrey Smith		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15459
Mailing Address Employee# xx7922 50 Beale Street		Amount of Each Receipt this Period 140.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll Contribution per cycle \$23.3
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Gilbert Solomon		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15605
Mailing Address emp xx1700 50 Beale Street		Amount of Each Receipt this Period 269.50
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$44.9
Name of Employer Blue Shield of California	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

Full Name (Last, First, Middle Initial) C. Neil A Solomon		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15362
Mailing Address Emp# xx1034 50 Beale Street		Amount of Each Receipt this Period 315.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$52.5
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

SUBTOTAL of Receipts This Page (optional).....▶	724.50
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 38 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address emp xx4420, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.15450

Amount of Each Receipt this Period
140.00

Payroll Contribution per cycle \$23.3

B. Nancy Stalker
Full Name (Last, First, Middle Initial)

Mailing Address emp xx6479
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 Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.15369

Amount of Each Receipt this Period
280.00

Payroll contribution per cycle \$46.7

c. Mary C StJohn
Full Name (Last, First, Middle Initial)

Mailing Address 50 Beale St

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.15386

Amount of Each Receipt this Period
210.00

Payroll contribution per cycle \$35

SUBTOTAL of Receipts This Page (optional).....▶	630.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Malcolm Strohson Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 50 Beale Street
employee #xx5599

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
318.50

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15667

Amount of Each Receipt this Period
171.50

Payroll contribution per cycle \$29

B. Yvonne Tatsuno
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx6843
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
292.50

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15437

Amount of Each Receipt this Period
157.50

Payroll contribution per cycle \$26.3

C. Jayne W Taylor
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx5713
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15394

Amount of Each Receipt this Period
175.00

Payroll contribution per cycle \$29.2

SUBTOTAL of Receipts This Page (optional)..... ▶ 504.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Nels M Thygeson		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15355
Mailing Address Employee# xx8616 50 Beale Street		Amount of Each Receipt this Period 385.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$64.2	
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

Full Name (Last, First, Middle Initial) B. Regina A Ullom		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15468
Mailing Address Emp# xx5624 50 Beale Street		Amount of Each Receipt this Period 126.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll Contribution per cycle \$21.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) C. Devon M Valencia		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15376
Mailing Address Emp# xx2459 50 Beale Street		Amount of Each Receipt this Period 270.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$45.00	
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	781.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ingrid Van Eckert		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15627
Mailing Address Emp# xx6393 50 Beale Street		Amount of Each Receipt this Period 126.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$21
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) B. Sailesh Varma		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15429
Mailing Address Emp# xx1286 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$29.2
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Anjali Vichare		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15363
Mailing Address Emp# xx1223 50 Beale Street		Amount of Each Receipt this Period 315.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$52.5
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

SUBTOTAL of Receipts This Page (optional).....▶	616.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Diane Watts
Full Name (Last, First, Middle Initial)

Mailing Address emp xx3379, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.15456

Amount of Each Receipt this Period
140.00

Payroll Contribution per cycle \$23.3

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

Mailing Address Emp# xx8546
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.15385

Amount of Each Receipt this Period
210.00

Payroll contribution per cycle \$35

C. Ray Wengender
Full Name (Last, First, Middle Initial)

Mailing Address Emp# xx1054
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.15381

Amount of Each Receipt this Period
210.00

Payroll contribution per cycle \$35

SUBTOTAL of Receipts This Page (optional).....▶	560.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jacqueline Wetzel		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15408
Mailing Address Emp# xx1262 50 Beale Street		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$29.2	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Jayne Whitelaw		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15432
Mailing Address Employee #xx5978 50 Beale St.,		Amount of Each Receipt this Period 175.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$29.2	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Ms Janet D. Widmann		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.15353
Mailing Address emp xx1756 50 Beale Street		Amount of Each Receipt this Period 525.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$87.5	
Name of Employer Blue Shield of California	Occupation Sr. VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bryce Williams
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8031
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
585.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15366

Amount of Each Receipt this Period
315.00

Payroll contribution per cycle \$52.5

B. Ira Wing
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx2918
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15461

Amount of Each Receipt this Period
140.00

Payroll Contribution per cycle \$23.3

C. Amy Yao
Full Name (Last, First, Middle Initial)

Mailing Address 50 Beale Street
employee# xx5363

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.15391

Amount of Each Receipt this Period
210.00

Payroll contribution per cycle \$35

SUBTOTAL of Receipts This Page (optional).....▶ 665.00

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 45 OF 48
(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

Full Name (Last, First, Middle Initial) A. John Yao		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11Al.15443
Mailing Address emp 11926 50 Beale Street		Amount of Each Receipt this Period 157.50 Payroll contribution per cycle \$26.3
City San Francisco	State Zip Code CA 94105	
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of California	Occupation Senior Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

Full Name (Last, First, Middle Initial) B.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	157.50
TOTAL This Period (last page this line number only).....▶	26790.50

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BENNET FOR COLORADO

Mailing Address 1900 GRANT STREET SUITE 1170

City DENVER State CO Zip Code 80203

Purpose of Disbursement
2014 General Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: CO District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SB23.15615

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BENNET FOR COLORADO

Mailing Address 1900 GRANT STREET SUITE 1170

City DENVER State CO Zip Code 80203

Purpose of Disbursement
2014 Primary

Candidate Name

Office Sought: House
 Senate
 President
State: CO District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SB23.15681

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. BLUMENTHAL FOR CONNECTICUT

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

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement
2014 Primary

Candidate Name

Office Sought: House
 Senate
 President
State: CT District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : SB23.15609

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz for Congress

Mailing Address PO Box 3433

City State Zip Code
Palm Desert CA 92261

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	20	/	2014

Transaction ID : SB23.15619

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MARK WARNER

Mailing Address 1029 NORTH ROYAL STREET 2ND FL

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
2014 General Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: VA District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	12	/	2014

Transaction ID : SB23.15611

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. GARAMENDI FOR CONGRESS

Mailing Address C/O CALIFORNIA POLITICAL LAW, INC.
3605 LONG BEACH BLVD., STE. 426

City State Zip Code
LONG BEACH CA 90807

Purpose of Disbursement
2014 Primary

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	29	/	2014

Transaction ID : SB23.15608

Amount of Each Disbursement this Period

2000.00

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. HEARTLAND VALUES PAC

Mailing Address PO Box 505

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
2014 Contribution PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB23.15612**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. SOLIDARITY PAC

Mailing Address 607 14th Street N.W.
Suite 800

City State Zip Code
Washington DC 20005

Purpose of Disbursement
2014 Contribution PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	4

Transaction ID : **SB23.15607**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. SWALWELL FOR CONGRESS

Mailing Address P.O. BOX 2847

City State Zip Code
DUBLIN CA 94568

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

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

Transaction ID : **SB23.15610**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

8	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	7	0	0	.	0	0
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