

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

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

FOR LINE NUMBER: PAGE 11 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gilliland, Terry, , ,**

Mailing Address Employee # xx5469

50 Beale Street

City

San Francisco

State

CA

Zip Code

94105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Shield of CA

Occupation (for Individual)

SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2020

Transaction ID : SA11AI.22636

Amount of Each Receipt this Period

490.00

☐ Memo Item

Payroll contribution per cycle \$70.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Goldberg, David, , ,**

Mailing Address Employee # xx4504

50 Beale Street

City

San Francisco

State

CA

Zip Code

94105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Shield of CA

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2020

Transaction ID : SA11AI.22638

Amount of Each Receipt this Period

245.00

☐ Memo Item

Payroll contribution per cycle \$35.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Goode, Kimberley, , ,**

Mailing Address Employee # xx4855

50 Beale Street

City

San Francisco

State

CA

Zip Code

94105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Shield of CA

Occupation (for Individual)

Sr. VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2020

Transaction ID : SA11AI.22640

Amount of Each Receipt this Period

490.00

☐ Memo Item

Payroll contribution per cycle \$70.00

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

1225.00

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