

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Emily Glidden

Signature of Treasurer Electronically Filed by Emily Glidden Date 04 09 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		82961.16
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	83091.49									
(c) Total Receipts (from Line 19)	69319.22	129668.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	152410.71	212629.90								
7. Total Disbursements (from Line 31)	50953.95	111173.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	101456.76	101456.76								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	58813.68	99371.28
(ii) Unitemized	6205.54	25997.46
(iii) TOTAL (add Lines 11(a)(i) and (ii)	65019.22	125368.74
(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)	65019.22	125368.74
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	4300.00	4300.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	69319.22	129668.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	69319.22	129668.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50700.00	110700.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	253.95	473.14
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	50953.95	111173.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50953.95	111173.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	65019.22	125368.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65019.22	125368.74
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 / 84
	<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.	Full Name (Last, First, Middle Initial) Salim Alama		Date of Receipt
	Mailing Address 116125 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.9649
	C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield		Occupation Employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Kenneth Sean Allen		Date of Receipt
	Mailing Address emp 109049 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.9650
	C		Amount of Each Receipt this Period 80.00
Name of Employer Blue Shield of California		Occupation Employee	Payroll contribution per cycle \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	

C.	Full Name (Last, First, Middle Initial) Dennis Alva		Date of Receipt
	Mailing Address emp 109311 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.9651
	C		Amount of Each Receipt this Period 259.22
Name of Employer Blue Shield of California		Occupation Employee	Payroll contribution per cycle \$19.94
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 514.59	

SUBTOTAL of Receipts This Page (optional)	▶	664.22
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 7 / 84
(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

<p>A. Full Name (Last, First, Middle Initial) David A Arnold Jr.</p> <p>Mailing Address 114648 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield Employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 657.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.9657</p> <p>Amount of Each Receipt this Period 328.00</p> <p>Payroll contribution per cycle \$25.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Terri J. Baker</p> <p>Mailing Address emp 111950, 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield of California Employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 419.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.9659</p> <p>Amount of Each Receipt this Period 286.00</p> <p>Payroll contribution per cycle \$22.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Tanya Ballow</p> <p>Mailing Address 108347 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield of California employee # 108347</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 585.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.9660</p> <p>Amount of Each Receipt this Period 292.50</p> <p>Payroll contribution per cycle \$22.50</p>
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SUBTOTAL of Receipts This Page (optional)	906.50
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 / 84
	<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.	Full Name (Last, First, Middle Initial) Bret Balousek	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 115527 50 Beale Street	Transaction ID: SA11AI.9661
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00
	Name of Employer: Blue Shield of California Occupation: employee # 115527 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

B.	Full Name (Last, First, Middle Initial) Patrick Banghart	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 115427 50 Beale Street	Transaction ID: SA11AI.9662
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer: Blue Shield of California Occupation: Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Tracy Barnes	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 22076 50 Beale Street	Transaction ID: SA11AI.9663
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$40.00
	Name of Employer: Blue Shield of California Occupation: Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 815.00	

SUBTOTAL of Receipts This Page (optional)	845.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 84
(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

<p>A. Full Name (Last, First, Middle Initial) Earl W. Barron III</p> <p>Mailing Address Employee #116501 50 Beale St.,</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield of CA Employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 425.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.9664</p> <p>Amount of Each Receipt this Period 325.00</p> <p>Payroll contribution per cycle \$25.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Seth J Berman</p> <p>Mailing Address 115035 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield Employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.9667</p> <p>Amount of Each Receipt this Period 130.00</p> <p>Payroll contribution per cycle \$10.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Vivek Bhatia</p> <p>Mailing Address emp 113173 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield of California Employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.9668</p> <p>Amount of Each Receipt this Period 130.00</p> <p>Payroll contribution per cycle \$10.00</p>
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SUBTOTAL of Receipts This Page (optional)	585.00
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 10 / 84
	<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.	Full Name (Last, First, Middle Initial) Douglas Biehn	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 112903, 50 Beale Street	Transaction ID: SA11AI.9669
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20.00
	Name of Employer Blue Shield Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

B.	Full Name (Last, First, Middle Initial) Gary Boatwright	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #117003 50 Beale St.,	Transaction ID: SA11AI.9670
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00
	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 ▼ 255.00	

C.	Full Name (Last, First, Middle Initial) Bruce Bodaken	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 16451 50 Beale Street	Transaction ID: SA11AI.9671
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 780.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$60.00
	Name of Employer Blue Shield of California Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1560.00	

SUBTOTAL of Receipts This Page (optional)	1235.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Shirley Bolden
 Mailing Address emp 016540, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9672
 Amount of Each Receipt this Period 125.06
 Payroll contribution per cycle \$9.62
 Name of Employer Blue Shield Occupation employee
 FEC ID number of contributing federal political committee. **C**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

B. Full Name (Last, First, Middle Initial)
 John Bradley
 Mailing Address 114962 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9674
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00
 Name of Employer Blue Shield of California Occupation employee
 FEC ID number of contributing federal political committee. **C**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.00

C. Full Name (Last, First, Middle Initial)
 Diane Brennan
 Mailing Address Employee #115384 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9675
 Amount of Each Receipt this Period 195.00
 Payroll contribution per cycle \$15.00
 Name of Employer Blue Shield of CA Occupation Employee
 FEC ID number of contributing federal political committee. **C**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

SUBTOTAL of Receipts This Page (optional) ► **645.06**
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 / 84
	<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.	Full Name (Last, First, Middle Initial) Rene D. Brhely	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #020924 50 Beale St.,	Transaction ID: SA11AI.9676
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00
	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 ▼ 255.00	

B.	Full Name (Last, First, Middle Initial) Ruta Britts	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 112060 50 Beale Street	Transaction ID: SA11AI.9677
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20.00
	Name of Employer Blue Shield Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

C.	Full Name (Last, First, Middle Initial) Laverne A Brizendine	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 116076 50 Beale Street	Transaction ID: SA11AI.9678
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer Blue Shield Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	585.00
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 13 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Linda Bronson

Mailing Address emp 114382, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Cross Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9679
Amount of Each Receipt this Period: 195.00
Payroll contribution per cycle \$15.00

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

Mailing Address emp 114076, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Cross Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9680
Amount of Each Receipt this Period: 260.00
Payroll contribution per cycle \$20.00

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

Mailing Address emp 059004, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 654.67

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9681
Amount of Each Receipt this Period: 329.22
Payroll contribution per cycle \$24.15

SUBTOTAL of Receipts This Page (optional) ► 784.22

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 14 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 Michael-Anne Browne
 Mailing Address emp 111514
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9682
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

B. Full Name (Last, First, Middle Initial)
 Sue Burke
 Mailing Address 054016
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9683
 Amount of Each Receipt this Period 130.00
 Payroll contribution per cycle \$10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

C. Full Name (Last, First, Middle Initial)
 Michele Carrillo
 Mailing Address emp 112162, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9684
 Amount of Each Receipt this Period 130.00
 Payroll contribution per cycle \$10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

SUBTOTAL of Receipts This Page (optional) ► **585.00**
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 15 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Wendy Cerruti
 Mailing Address emp 112821, 50 Beale Street
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.9687
 Amount of Each Receipt this Period
 650.00
 Payroll contribution per cycle \$50.00
 Name of Employer Blue Shield Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 George R. Chadwell
 Mailing Address emp 110628
 50 Beale Street
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.9688
 Amount of Each Receipt this Period
 183.84
 Payroll contribution per cycle \$13.76
 Name of Employer Blue Shield of California Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.57
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Deborah Chase
 Mailing Address emp 114029, 50 Beale Street
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.9689
 Amount of Each Receipt this Period
 260.00
 Payroll contribution per cycle \$20.00
 Name of Employer Blue Shield Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ► **1093.84**
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 16 / 84
(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

<p>A. Full Name (Last, First, Middle Initial) Michael Chiarodit</p> <p>Mailing Address Employee #117088 50 Beale St.,</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield of CA Employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 255.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2009</p> <p>Transaction ID: SA11AI.9690</p> <p>Amount of Each Receipt this Period 195.00</p> <p>Payroll contribution per cycle \$15.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Denise Ciufu</p> <p>Mailing Address emp 054063, 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2009</p> <p>Transaction ID: SA11AI.9691</p> <p>Amount of Each Receipt this Period 130.00</p> <p>Payroll contribution per cycle \$10.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Eva I Condron-Wells</p> <p>Mailing Address 116079 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Shield Employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2009</p> <p>Transaction ID: SA11AI.9693</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Payroll contribution per cycle \$10.00</p>
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SUBTOTAL of Receipts This Page (optional)	425.00
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 17 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Vincent Coppola		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 115946 50 Beale Street		Transaction ID: SA11AI.9694
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

B.

Full Name (Last, First, Middle Initial) Edward Cymerys		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 114609, 50 Beale Street		Transaction ID: SA11AI.9697
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

C.

Full Name (Last, First, Middle Initial) Susan Deleeuw		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 114798 50 Beale Street		Transaction ID: SA11AI.9700
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 292.50
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

SUBTOTAL of Receipts This Page (optional)	▶	1982.50
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Kevin DeLury
 Mailing Address Employee #115871
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9701
 Amount of Each Receipt this Period
 195.00
 Payroll contribution per cycle \$15.00
 Name of Employer Blue Shield of CA Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 Ann DeRose
 Mailing Address 113203
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9702
 Amount of Each Receipt this Period
 292.50
 Payroll contribution per cycle \$22.50
 Name of Employer Blue Shield of California Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Tushar Desai
 Mailing Address 115087
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9703
 Amount of Each Receipt this Period
 292.50
 Payroll contribution per cycle \$22.50
 Name of Employer Blue Shield of California Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ► **780.00**
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 19 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address emp 111504
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1031.11

Date of Receipt MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.9705

Amount of Each Receipt this Period 585.00

Payroll contribution per cycle \$45.00

B. Full Name (Last, First, Middle Initial)
Marjorie Drake

Mailing Address emp 56271
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 IFP Undewriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.9707

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

C. Full Name (Last, First, Middle Initial)
Marc Eisenstein

Mailing Address Employee #117084
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 Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.9708

Amount of Each Receipt this Period 200.00

Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional) ► 915.00

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 / 84
	<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.	Full Name (Last, First, Middle Initial) James Elliott	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 115549 50 Beale Street	Transaction ID: SA11AI.9709
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$100.00
	Name of Employer Occupation Blue Shield of California employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

B.	Full Name (Last, First, Middle Initial) Mim English	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #117022 50 Beale St.,	Transaction ID: SA11AI.9711
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Occupation Blue Shield of CA Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Thomas Epstein	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 110249 50 Beale Street	Transaction ID: SA11AI.9712
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 845.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$65.00
	Name of Employer Occupation Blue Shield of California Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1645.00	

SUBTOTAL of Receipts This Page (optional)	2420.00
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 21 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Jacqueline Espinoza
 Mailing Address 115623
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9713
 Amount of Each Receipt this Period: 390.00
 Payroll contribution per cycle \$30.00
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Blue Shield of California Occupation: employee
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 712.50

B. Full Name (Last, First, Middle Initial)
 Elizabeth Este
 Mailing Address Employee #115702
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9714
 Amount of Each Receipt this Period: 130.00
 Payroll contribution per cycle \$10.00
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Blue Shield of CA Occupation: Employee
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 250.00

C. Full Name (Last, First, Middle Initial)
 Aron Ezra
 Mailing Address Employee #117037
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.9715
 Amount of Each Receipt this Period: 260.00
 Payroll contribution per cycle \$20.00
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Blue Shield of CA Occupation: Employee
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 300.00

SUBTOTAL of Receipts This Page (optional) ► **780.00**
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 22 / 84

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kathryn M. Ferguson

Mailing Address emp 32319
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Employee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
442.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9716

Amount of Each Receipt this Period

221.00

Payroll contribution per cycle \$17.00

B.

Full Name (Last, First, Middle Initial)
Heidi Fields

Mailing Address Employee #112238
50 Beale St.,

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of CA Employee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
3147.38

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9717

Amount of Each Receipt this Period

1584.47

Payroll contribution per cycle \$121.77

C.

Full Name (Last, First, Middle Initial)
Carol Fogelman

Mailing Address emp 32239
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Employee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
372.14

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9718

Amount of Each Receipt this Period

190.93

Payroll contribution per cycle \$13.77

SUBTOTAL of Receipts This Page (optional)

1996.40

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 / 84
	<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.	Full Name (Last, First, Middle Initial) Joseph Foley		Date of Receipt																					
	Mailing Address 114742 50 Beale Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		3	1		2	0	0	9														
	City State Zip Code San Francisco CA 94105		Transaction ID: SA11AI.9719																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.04																					
Name of Employer Occupation Blue Shield of California employee		Payroll contribution per cycle \$12.54																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 329.06																						

B.	Full Name (Last, First, Middle Initial) Mark Gastineau		Date of Receipt																					
	Mailing Address 115296 50 Beale Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		3	1		2	0	0	9														
	City State Zip Code San Francisco CA 94105		Transaction ID: SA11AI.9722																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 520.00																					
Name of Employer Occupation Blue Shield of California employee		Payroll contribution per cycle \$40.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00																						

C.	Full Name (Last, First, Middle Initial) Walter W Gendell		Date of Receipt																					
	Mailing Address 097670 50 Beale Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		3	1		2	0	0	9														
	City State Zip Code San Francisco CA 94105		Transaction ID: SA11AI.9723																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00																					
Name of Employer Occupation Blue Shield Employee		Payroll contribution per cycle \$15.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00																						

SUBTOTAL of Receipts This Page (optional)	881.04
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 84

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Devin Gensch

Mailing Address 114081
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California employee

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
613.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9724

Amount of Each Receipt this Period

364.00

Payroll contribution per cycle \$28.00

B.

Full Name (Last, First, Middle Initial)
Robert Geyer

Mailing Address emp 42026
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Vice President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
1635.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9725

Amount of Each Receipt this Period

975.00

Payroll contribution per cycle \$75.00

C.

Full Name (Last, First, Middle Initial)
Ketan Gima

Mailing Address emp 112246
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Manager

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9726

Amount of Each Receipt this Period

650.00

Payroll contribution per cycle \$50.00

SUBTOTAL of Receipts This Page (optional)

1989.00

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 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Deborah Gordon

Mailing Address 115621
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9729
Amount of Each Receipt this Period 292.50
Payroll contribution per cycle \$22.50

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

Mailing Address 115257
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9730
Amount of Each Receipt this Period 260.00
Payroll contribution per cycle \$20.00

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

Mailing Address emp 27417
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 12 / 31 / 2009
Transaction ID: SA11AI.9731
Amount of Each Receipt this Period 130.00
Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional) ▶ **682.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Christy Gregg		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 022233 50 Beale Street		Transaction ID: SA11AI.9732
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 292.50
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

B.

Full Name (Last, First, Middle Initial) Melissa Hall		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 115540 50 Beale Street		Transaction ID: SA11AI.9735
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 712.50	

C.

Full Name (Last, First, Middle Initial) Dolores R. Hamor		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 15533 50 Beale Street		Transaction ID: SA11AI.9736
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

SUBTOTAL of Receipts This Page (optional)	812.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 27 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address emp 16340
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY 12 / 31 / 2009

Transaction ID: SA11AI.9738

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

B. Full Name (Last, First, Middle Initial)
Dina Henry Scott

Mailing Address Employee #117054
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 Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt MM / DD / YYYY 12 / 31 / 2009

Transaction ID: SA11AI.9741

Amount of Each Receipt this Period 650.00

Payroll contribution per cycle \$50.00

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

Mailing Address 114845
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt MM / DD / YYYY 12 / 31 / 2009

Transaction ID: SA11AI.9742

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional) ► 1072.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 84

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Larry Hilty		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address emp 109314 50 Beale Street		Transaction ID: SA11AI.9743		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 195.00	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15.00		
	Name of Employer Blue Shield of California	Occupation Employee	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Louis Hirsh		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address emp 109409 50 Beale Street		Transaction ID: SA11AI.9744		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 292.50	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$22.50		
	Name of Employer Blue Shield of California	Occupation Employee	Aggregate Year-to-Date 427.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Brent Hitchings		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 115569 50 Beale Street		Transaction ID: SA11AI.9745		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 585.00	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$45.00		
	Name of Employer Blue Shield of California	Occupation employee	Aggregate Year-to-Date 967.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

1072.50

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 / 84
	<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.	Full Name (Last, First, Middle Initial) Bridget E Hoffman		Date of Receipt
	Mailing Address 109335 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9746
Name of Employer Blue Shield		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	130.00
			Payroll contribution per cycle \$10.00

B.	Full Name (Last, First, Middle Initial) Helena Hoffman		Date of Receipt
	Mailing Address emp 95671 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9747
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 286.00	143.00
			Payroll contribution per cycle \$11.00

C.	Full Name (Last, First, Middle Initial) Terry Hokinson		Date of Receipt
	Mailing Address Employee #117017 50 Beale St.,		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9748
Name of Employer Blue Shield of CA		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	325.00
			Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional)	598.00
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 30 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey T Hopp

Mailing Address 112542
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9749

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

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

Mailing Address 016615
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 employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
585.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9751

Amount of Each Receipt this Period
292.50

Payroll contribution per cycle \$22.50

C. Full Name (Last, First, Middle Initial)
Diana Huang

Mailing Address emp 114587, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9752

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional) ► **552.50**

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 31 / 84
	<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.	Full Name (Last, First, Middle Initial) Tony R. Ibarra		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address emp 112981 50 Beale Street		Transaction ID: SA11AI.9754		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 195.00	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$15.00		
	Name of Employer Blue Shield of California	Occupation Employee	Aggregate Year-to-Date 390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Marianne Jackson		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address emp 112372 50 Beale Street		Transaction ID: SA11AI.9757		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 1040.00	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$80.00		
	Name of Employer Blue Shield of California	Occupation Senior Vice President, Human Resources	Aggregate Year-to-Date 2080.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Seth Jacobs		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address emp 16574 50 Beale Street		Transaction ID: SA11AI.9758		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 292.50	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$22.50		
	Name of Employer Blue Shield of California	Occupation Employee	Aggregate Year-to-Date 585.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1527.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) George Jaresko		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 115244 50 Beale Street		Transaction ID: SA11AI.9759
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Teresa Jessen Tennant		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address Employee #116627 50 Beale St.,		Transaction ID: SA11AI.9760
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C.

Full Name (Last, First, Middle Initial) Lorie Johns		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address Employee #095447 50 Beale St.,		Transaction ID: SA11AI.9761
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 292.50
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 382.50	

SUBTOTAL of Receipts This Page (optional)	812.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Michael Johnson		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 111769 50 Beale Street		Transaction ID: SA11AI.9762
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 689.70	

B.

Full Name (Last, First, Middle Initial) David Joyner		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 19639 50 Beale Street		Transaction ID: SA11AI.9764
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 520.00
Name of Employer Blue Shield of California	Occupation Vice President	Payroll contribution per cycle \$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

C.

Full Name (Last, First, Middle Initial) Allison Kawamoto		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 094997 50 Beale Street		Transaction ID: SA11AI.9765
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 176.80
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$13.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.15	

SUBTOTAL of Receipts This Page (optional)	1086.80
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 34 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Jennifer Kelly-Yanez
 Mailing Address Employee #116484
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9767
 Amount of Each Receipt this Period 292.50
 Payroll contribution per cycle \$22.50
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 360.00

B. Full Name (Last, First, Middle Initial)
 Amna Khan-Mirza
 Mailing Address 113797
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9768
 Amount of Each Receipt this Period 45.00
 Payroll contribution per cycle \$15.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 225.00

C. Full Name (Last, First, Middle Initial)
 Tina Kibler
 Mailing Address 115267
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9770
 Amount of Each Receipt this Period 120.00
 Payroll contribution per cycle \$40.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 482.50

SUBTOTAL of Receipts This Page (optional) ► **457.50**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Keith Kim		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address Employee #115487 50 Beale St.,		Transaction ID: SA11AI.9771
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

B.

Full Name (Last, First, Middle Initial) Yun Kim		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 109394 50 Beale Street		Transaction ID: SA11AI.9772
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Herbert F. Kirschner		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 113702 50 Beale Street		Transaction ID: SA11AI.9773
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)	780.00
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 / 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Nora Lam	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 015642 50 Beale Street	Transaction ID: SA11AI.9774
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00
	Name of Employer Blue Shield of California Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

B.	Full Name (Last, First, Middle Initial) Lisa Lambert	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 062157, 50 Beale Street	Transaction ID: SA11AI.9775
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer Blue Shield Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Richard Larsen	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #114372 50 Beale St.,	Transaction ID: SA11AI.9778
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00
	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 ▼ 255.00	

SUBTOTAL of Receipts This Page (optional)	520.00
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 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Janice A Lea		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 112048 50 Beale Street		Transaction ID: SA11AI.9779
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield	Occupation Employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.

Full Name (Last, First, Middle Initial) Janice Levinsky		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 111653 50 Beale Street		Transaction ID: SA11AI.9782
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.

Full Name (Last, First, Middle Initial) Laura Lewis		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 50 Beale Street		Transaction ID: SA11AI.9786
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 292.50
Name of Employer Blue Shield of California	Occupation employee # 022384	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

SUBTOTAL of Receipts This Page (optional)	812.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 38 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Anthony Lipp
 Mailing Address 50 Beale Street
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.9787
 Amount of Each Receipt this Period
 292.50
 Payroll contribution per cycle \$22.50
 Name of Employer Occupation
 Blue Shield of California employee # 004138
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 585.00

B. Full Name (Last, First, Middle Initial)
 Louis Lombardo
 Mailing Address emp 15859
 50 Beale Street
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.9788
 Amount of Each Receipt this Period
 292.50
 Payroll contribution per cycle \$22.50
 Name of Employer Occupation
 Blue Shield of California Employee
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 585.00

C. Full Name (Last, First, Middle Initial)
 Melissa Loura
 Mailing Address 50 Beale Street
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.9790
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00
 Name of Employer Occupation
 Blue Shield of California employee # 026790
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

SUBTOTAL of Receipts This Page (optional) ► **715.00**
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 39 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Kathleen M. Lucke		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 111911 50 Beale Street		Transaction ID: SA11AI.9791
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 431.60
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$30.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 857.79	

B.

Full Name (Last, First, Middle Initial) Michael Lujan		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 112179 50 Beale Street		Transaction ID: SA11AI.9794
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.

Full Name (Last, First, Middle Initial) Kathleen Lynaugh		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 109411 50 Beale Street		Transaction ID: SA11AI.9795
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional)	1146.60
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 40 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Elinor Mackinnon

Mailing Address emp 113314, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1385.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9796

Amount of Each Receipt this Period 715.00

Payroll contribution per cycle \$55.00

B. Full Name (Last, First, Middle Initial)
Laura Malone

Mailing Address Employee #116330
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 Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9797

Amount of Each Receipt this Period 325.00

Payroll contribution per cycle \$25.00

C. Full Name (Last, First, Middle Initial)
Fred J. Mann

Mailing Address emp 61151
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.9798

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional) ► 1170.00

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 41 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Paul Markovich		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 16510 50 Beale Street		Transaction ID: SA11AI.9799
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1066.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$82.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2087.00	

B.

Full Name (Last, First, Middle Initial) Thomas McCaffery		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 115792 50 Beale Street		Transaction ID: SA11AI.9802
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 390.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

C.

Full Name (Last, First, Middle Initial) Shelley McFarland		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 061236, 50 Beale Street		Transaction ID: SA11AI.9804
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.57
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$8.89
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.34	

SUBTOTAL of Receipts This Page (optional)	1581.57
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 42 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Catherine McGee
 Mailing Address Employee #117004
 50 Beale St.,
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.9805
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00
 Name of Employer Occupation
 Blue Shield of CA Employee
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 Shannon McGriff-Smith
 Mailing Address Employee #117287
 50 Beale St.,
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.9806
 Amount of Each Receipt this Period
 260.00
 Payroll contribution per cycle \$20.00
 Name of Employer Occupation
 Blue Shield of CA Employee
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 David McGuerty
 Mailing Address Employee #116388
 50 Beale St.,
 City State Zip Code
 San Francisco CA 94105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.9807
 Amount of Each Receipt this Period
 195.00
 Payroll contribution per cycle \$15.00
 Name of Employer Occupation
 Blue Shield of CA Employee
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ► **780.00**
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 43 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Andrea Minarcin
Mailing Address 50 Beale Street
City San Francisco State CA Zip Code 94105
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Shield of California Occupation employee # 114753
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00
Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9810
Amount of Each Receipt this Period 130.00
Payroll contribution per cycle \$10.00

B. Full Name (Last, First, Middle Initial)
Kristen Miranda
Mailing Address emp 113904, 50 Beale Street
City San Francisco State CA Zip Code 94105
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Shield Occupation employee
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 640.00
Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9811
Amount of Each Receipt this Period 520.00
Payroll contribution per cycle \$40.00

C. Full Name (Last, First, Middle Initial)
David Morris
Mailing Address 50 Beale Street
City San Francisco State CA Zip Code 94105
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Shield of California Occupation employee # 114117
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00
Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.9812
Amount of Each Receipt this Period 130.00
Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional) ► 780.00
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 / 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Diane Moss	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #114418 50 Beale St.,	Transaction ID: SA11AI.9813
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00
	Name of Employer Occupation Blue Shield of CA Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

B.	Full Name (Last, First, Middle Initial) Cathleen Murphy	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 113067, 50 Beale Street	Transaction ID: SA11AI.9814
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Occupation Blue Shield employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Jon Murphy	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 112151 50 Beale Street	Transaction ID: SA11AI.9815
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 189.67
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$14.59
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 373.79	

SUBTOTAL of Receipts This Page (optional)	709.67
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 45 / 84
	<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.	Full Name (Last, First, Middle Initial) Debbie Naegle	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 16484 50 Beale Street	Transaction ID: SA11AI.9816
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 465.66
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$35.82
	Name of Employer Blue Shield of California Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 921.67	

B.	Full Name (Last, First, Middle Initial) Michelle Nast	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #112744 50 Beale St.,	Transaction ID: SA11AI.9817
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00
	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 ▼ 255.00	

C.	Full Name (Last, First, Middle Initial) Paul Nicknig	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.9818
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation employee # 112383 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)	953.16
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 46 / 84
(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

<p>A. Full Name (Last, First, Middle Initial) Christopher O'Brien</p> <p>Mailing Address Employee #116255 50 Beale St.,</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Shield of CA Occupation Employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 425.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2009</p> <p>Transaction ID: SA11AI.9819</p> <p>Amount of Each Receipt this Period 325.00</p> <p>Payroll contribution per cycle \$25.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Brian O'Leary</p> <p>Mailing Address emp 113278 50 Beale Street</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Shield of California Occupation employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2009</p> <p>Transaction ID: SA11AI.9821</p> <p>Amount of Each Receipt this Period 130.00</p> <p>Payroll contribution per cycle \$10.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Christine Orr</p> <p>Mailing Address Employee #040096 50 Beale St.,</p> <p>City State Zip Code San Francisco CA 94105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blue Shield of CA Occupation Employee</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2009</p> <p>Transaction ID: SA11AI.9822</p> <p>Amount of Each Receipt this Period 275.00</p> <p>Payroll contribution per cycle \$25.00</p>
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SUBTOTAL of Receipts This Page (optional)	730.00
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 47 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Jenni Owens		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 032219 50 Beale Street		Transaction ID: SA11AI.9823
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.

Full Name (Last, First, Middle Initial) Omar Padilla		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 116312 50 Beale Street		Transaction ID: SA11AI.9826
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) William Panek		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 18535 50 Beale Street		Transaction ID: SA11AI.9828
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Blue Shield of California	Occupation Medical Director	Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	485.00
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 48 / 84
	<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.	Full Name (Last, First, Middle Initial) Armine Papouchian-Kulinski	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #115680 50 Beale St.,	Transaction ID: SA11AI.9829
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	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 ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Edith Parker	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 058223 50 Beale Street	Transaction ID: SA11AI.9830
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer Blue Shield of California Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Jeffrey Passaro	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 018615 50 Beale Street	Transaction ID: SA11AI.9831
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00
	Name of Employer Blue Shield of California Occupation employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	550.00
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 49 / 84

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Perri Perrin

Mailing Address emp 108823
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Employee

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9833

Amount of Each Receipt this Period

130.00

Payroll contribution per cycle \$10.00

B.

Full Name (Last, First, Middle Initial)
Linda Pietraczyk

Mailing Address emp 116110
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California employee

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9835

Amount of Each Receipt this Period

325.00

Payroll contribution per cycle \$25.00

C.

Full Name (Last, First, Middle Initial)
Pamela Pisarczyk

Mailing Address Employee #112841
50 Beale St.,

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of CA Employee

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9836

Amount of Each Receipt this Period

195.00

Payroll contribution per cycle \$15.00

SUBTOTAL of Receipts This Page (optional)

650.00

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 50 / 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David Prather		Date of Receipt	
	Mailing Address emp 115817 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9838
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		130.00	
Name of Employer Blue Shield of California		Occupation employee		Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		260.00		

B.	Full Name (Last, First, Middle Initial) Kimberley Reed		Date of Receipt	
	Mailing Address emp 109736 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9843
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		325.00	
Name of Employer Blue Shield of California		Occupation employee		Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		650.00		

C.	Full Name (Last, First, Middle Initial) Julie Reid		Date of Receipt	
	Mailing Address emp 032370 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9844
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		325.00	
Name of Employer Blue Shield of California		Occupation employee		Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		650.00		

SUBTOTAL of Receipts This Page (optional)	780.00
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 51 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Kenneth Reid		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 112508 50 Beale Street		Transaction ID: SA11AI.9845
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Blue Shield of California	Occupation employee	Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) Diana Reynolds		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 50 Beale Street		Transaction ID: SA11AI.9846
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 146.25
Name of Employer Blue Shield of California	Occupation employee # 115295	Payroll contribution per cycle \$11.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

C.

Full Name (Last, First, Middle Initial) Kathy Richards		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 109053 50 Beale Street		Transaction ID: SA11AI.9847
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer Blue Shield of California	Occupation Director	Payroll contribution per cycle \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	926.25
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 52 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Mika D. Riedinger		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 27156 50 Beale Street		Transaction ID: SA11AI.9848
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.11
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$18.47
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 479.98	

B.

Full Name (Last, First, Middle Initial) Karen Rinaldi		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 111645 50 Beale Street		Transaction ID: SA11AI.9849
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 172.64
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$13.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.03	

C.

Full Name (Last, First, Middle Initial) Thad Roake		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 50 Beale Street		Transaction ID: SA11AI.9850
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1066.92
Name of Employer Blue Shield of California	Occupation employee # 115536	Payroll contribution per cycle \$62.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4247.33	

SUBTOTAL of Receipts This Page (optional)	▶	1479.67
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 53 / 84
	<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.	Full Name (Last, First, Middle Initial) Julie Roberts	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.9851
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer Occupation Blue Shield of California employee # 113789	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Norvita Robinson	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 111723, 50 Beale Street	Transaction ID: SA11AI.9852
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer Occupation Blue Shield employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Robert Rodgers	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #117042 50 Beale St.,	Transaction ID: SA11AI.9853
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Occupation Blue Shield of CA Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)	585.00
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 54 / 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Garry Ronco	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.9854
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Blue Shield of California Occupation employee # 115653 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 627.50	

B.	Full Name (Last, First, Middle Initial) Martha Saafir	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.9855
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer Blue Shield of California Occupation employee # 095645 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Mark Sachs	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.9856
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$15.00
	Name of Employer Blue Shield of California Occupation employee # 114287 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	650.00
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 55 / 84

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Joseph Safran

Mailing Address emp 109164, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield employee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9857

Amount of Each Receipt this Period

260.00

Payroll contribution per cycle \$20.00

B.

Full Name (Last, First, Middle Initial)

Richard Salow

Mailing Address 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California employee # 115516

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 735.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9858

Amount of Each Receipt this Period

390.00

Payroll contribution per cycle \$30.00

C.

Full Name (Last, First, Middle Initial)

Lauri Satterwhaite

Mailing Address emp 29223
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Employee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9859

Amount of Each Receipt this Period

130.00

Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional) ▶

780.00

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 56 / 84

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Derek Schneider		Date of Receipt	
	Mailing Address emp 116208 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9861
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		325.00	
Name of Employer Blue Shield of California		Occupation employee		Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		650.00		

B.	Full Name (Last, First, Middle Initial) Naixiu Shen		Date of Receipt	
	Mailing Address emp 115834 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9862
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		130.00	
Name of Employer Blue Shield of California		Occupation employee		Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		260.00		

C.	Full Name (Last, First, Middle Initial) Ashlie Simpson		Date of Receipt	
	Mailing Address Employee #117119 50 Beale St.,		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9863
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		180.00	
Name of Employer Blue Shield of CA		Occupation Employee		Payroll contribution per cycle \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		240.00		

SUBTOTAL of Receipts This Page (optional) ▶

635.00

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 57 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jason Sims

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation employee # 112432

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9864

Amount of Each Receipt this Period 195.00

Payroll contribution per cycle \$15.00

B.

Full Name (Last, First, Middle Initial)
Deborah Smith

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9865

Amount of Each Receipt this Period 214.50

Payroll contribution per cycle \$16.50

C.

Full Name (Last, First, Middle Initial)
Kathleen Solorio

Mailing Address emp 112408
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9866

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional) ► **539.50**

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 58 / 84
	<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.	Full Name (Last, First, Middle Initial) Renato A. Sousa		Date of Receipt	
	Mailing Address 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9868
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		174.85	
Name of Employer Blue Shield of California		Occupation employee # 113148		Payroll contribution per cycle \$13.45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		348.05		

B.	Full Name (Last, First, Middle Initial) Robert Spector		Date of Receipt	
	Mailing Address emp 114420, 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9869
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		283.86	
Name of Employer Blue Shield		Occupation employee		Payroll contribution per cycle \$21.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		561.57		

C.	Full Name (Last, First, Middle Initial) Nancy Sproull		Date of Receipt	
	Mailing Address emp 112910, 50 Beale Street		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9871
	San Francisco	CA	94105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		130.00	
Name of Employer Blue Shield		Occupation employee		Payroll contribution per cycle \$10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		215.00		

SUBTOTAL of Receipts This Page (optional)	588.71
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 59 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Nancy Stalker
 Mailing Address emp 16479
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9872
 Amount of Each Receipt this Period
 390.00
 Payroll contribution per cycle \$30.00
 Name of Employer Blue Shield of California Occupation Vice President, Pharmacy Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00
 FEC ID number of contributing federal political committee. **C**

B. Full Name (Last, First, Middle Initial)
 Robert F. Stephenson
 Mailing Address emp 32257
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9873
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00
 Name of Employer Blue Shield of California Occupation Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00
 FEC ID number of contributing federal political committee. **C**

C. Full Name (Last, First, Middle Initial)
 Susan Stephenson
 Mailing Address emp 109942, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 Date of Receipt MM / DD / YYYY
 12 / 31 / 2009
Transaction ID: SA11AI.9874
 Amount of Each Receipt this Period
 130.00
 Payroll contribution per cycle \$10.00
 Name of Employer Blue Shield Occupation employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**
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 60 / 84
	<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.	Full Name (Last, First, Middle Initial) Mary C StJohn		Date of Receipt
	Mailing Address 50 Beale St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.9875
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Blue Shield of CA		Occupation Employee	<input type="text"/> 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Payroll contribution per cycle \$25.00
		<input type="text"/> 325.00	

B.	Full Name (Last, First, Middle Initial) Kimberly Streit		Date of Receipt
	Mailing Address emp 095254 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.9876
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Blue Shield of California		Occupation employee	<input type="text"/> 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Payroll contribution per cycle \$25.00
		<input type="text"/> 650.00	

C.	Full Name (Last, First, Middle Initial) Malcolm Strohson Jr.		Date of Receipt
	Mailing Address 50 Beale Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.9877
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Blue Shield of California		Occupation employee # 115599	<input type="text"/> 292.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Payroll contribution per cycle \$22.50
		<input type="text"/> 585.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 942.50
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Douglas Sturnick		Date of Receipt
	Mailing Address emp 111996 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9878
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	<input type="text" value="325.00"/>
			Payroll contribution per cycle \$25.00

B.	Full Name (Last, First, Middle Initial) Preddis Sullivan		Date of Receipt
	Mailing Address emp 115476 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9879
Name of Employer Blue Shield of California		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	<input type="text" value="325.00"/>
			Payroll contribution per cycle \$25.00

C.	Full Name (Last, First, Middle Initial) Lyle Swallow		Date of Receipt
	Mailing Address emp 18612 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9880
Name of Employer Blue Shield of California		Occupation Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1950.00	<input type="text" value="975.00"/>
			Payroll contribution per cycle \$75.00

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1625.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Yvonne Tatsuno	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #116843 50 Beale St.,	Transaction ID: SA11AI.9881
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of CA Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 382.50	

B.	Full Name (Last, First, Middle Initial) James Taylor	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 112237, 50 Beale Street	Transaction ID: SA11AI.9882
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer Blue Shield Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Eric Terndrup	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 114199 50 Beale St.	Transaction ID: SA11AI.9883
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 385.97
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$29.69
	Name of Employer Blue Shield of California Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 765.54	

SUBTOTAL of Receipts This Page (optional)	808.47
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 63 / 84

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ryan Thompson

Mailing Address emp 114592, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield employee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9885

Amount of Each Receipt this Period
195.00

Payroll contribution per cycle \$15.00

B.

Full Name (Last, First, Middle Initial)
Phyllis Thrush

Mailing Address Employee #116787
50 Beale St.,

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of CA Employee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9886

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

C.

Full Name (Last, First, Middle Initial)
Joanne Trenam

Mailing Address emp 020511, 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield employee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9889

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

SUBTOTAL of Receipts This Page (optional) ▶

650.00

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 64 / 84
	(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

A.	Full Name (Last, First, Middle Initial) Margaret Trevor	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 115606 50 Beale Street	Transaction ID: SA11AI.9890
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Occupation Blue Shield of California employee	Aggregate Year-to-Date 650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Ernest Valente	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address Employee #113862 50 Beale St.,	Transaction ID: SA11AI.9892
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00
	Name of Employer Occupation Blue Shield of CA Employee	Aggregate Year-to-Date 425.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Karen Vigil	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.9896
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$75.00
	Name of Employer Occupation Blue Shield of California employee	Aggregate Year-to-Date 975.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: PAGE 65 / 84
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Christine Vogt-Wingerath

Mailing Address Employee #117001
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 Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.9897

Amount of Each Receipt this Period
195.00

Payroll contribution per cycle \$15.00

B. Full Name (Last, First, Middle Initial)
Sonya Wade

Mailing Address emp 113639
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.9899

Amount of Each Receipt this Period
120.00

Payroll contribution per cycle \$15.00

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

Mailing Address emp 18560
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.9900

Amount of Each Receipt this Period
390.00

Payroll contribution per cycle \$30.00

SUBTOTAL of Receipts This Page (optional) ▶ **705.00**

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 66 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Robert Walker		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address Employee #116567 50 Beale St.,		Transaction ID: SA11AI.9901
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Robert Walsh		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address Employee #115812 50 Beale St.,		Transaction ID: SA11AI.9902
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield of CA	Occupation Employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C.

Full Name (Last, First, Middle Initial) Troy Ward		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 50 Beale Street		Transaction ID: SA11AI.9903
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 292.50
Name of Employer Blue Shield of California	Occupation employee # 114007	Payroll contribution per cycle \$22.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

SUBTOTAL of Receipts This Page (optional)	817.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 84
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Diane Watts		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 113379, 50 Beale Street		Transaction ID: SA11AI.9904
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Mark Weideman		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 114691 50 Beale St		Transaction ID: SA11AI.9905
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1210.00	

C.

Full Name (Last, First, Middle Initial) Bonnie Wells		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address emp 113298 50 Beale Street		Transaction ID: SA11AI.9906
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional)	1105.00
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 68 / 84

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kim Westfall

Mailing Address emp 115515
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California employee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9908

Amount of Each Receipt this Period
130.00

Payroll contribution per cycle \$10.00

B.

Full Name (Last, First, Middle Initial)
Jayne Whitelaw

Mailing Address Employee #115978
50 Beale St.,

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of CA Employee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9909

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

C.

Full Name (Last, First, Middle Initial)
Evelyn Whitfield

Mailing Address Employee #115718
50 Beale St.,

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of CA Employee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9910

Amount of Each Receipt this Period
292.50

Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional) ▶

747.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 84

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Noel Whitman

Mailing Address 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California employee # 114963

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9911

Amount of Each Receipt this Period

292.50

Payroll contribution per cycle \$22.50

B.

Full Name (Last, First, Middle Initial)
Ms Janet D. Widmann

Mailing Address emp 111756
50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California Employee

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9912

Amount of Each Receipt this Period

390.00

Payroll contribution per cycle \$30.00

C.

Full Name (Last, First, Middle Initial)
Jered Wilson

Mailing Address 50 Beale Street

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation
Blue Shield of California employee # 115412

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.9919

Amount of Each Receipt this Period

292.50

Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional)

975.00

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 70 / 84
	<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.	Full Name (Last, First, Middle Initial) Jason Wong	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address emp 112700, 50 Beale Street	Transaction ID: SA11AI.9923
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer Blue Shield Occupation employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 260.00	

B.	Full Name (Last, First, Middle Initial) Amy Yao	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.9926
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 390.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$30.00
	Name of Employer Blue Shield of California Occupation employee #115363 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 780.00	

C.	Full Name (Last, First, Middle Initial) John S. Yao	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 50 Beale Street	Transaction ID: SA11AI.9927
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation employee # 111926 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 585.00	

SUBTOTAL of Receipts This Page (optional)	812.50
TOTAL This Period (last page this line number only)	58813.68

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 84
	(check only one)
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010		Date of Receipt
	Mailing Address 5915 Eastman Avenue Suite 100		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Midland	MI	48640
	FEC ID number of contributing federal political committee.	<input type="text" value="C00347476"/>	
Name of Employer		Occupation	Transaction ID: SA16.9986
Receipt For: 2010		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>	
			Refund of Excess contribution for 2010 Primary

B.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID		Date of Receipt
	Mailing Address P.O. BOX 19163		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LAS VEGAS	NV	89132
	FEC ID number of contributing federal political committee.	<input type="text" value="C00204370"/>	
Name of Employer		Occupation	Transaction ID: SA16.9988
Receipt For: 2009		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="3300.00"/>	
			Refund of excess contribution for 2009 Primary

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4300.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4300.00"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name ANNA ESHOO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9938 Date of Disbursement 08 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B. Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement In kind: Conference Room Facilities</p> <p>Candidate Name ANNA ESHOO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10015 Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 212.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) BENNET FOR COLORADO</p> <p>Mailing Address 1900 GRANT STREET SUITE 1170</p> <p>City DENVER State CO Zip Code 80203</p> <p>Purpose of Disbursement 2009 Primary Contribution</p> <p>Candidate Name MICHAEL F BENNET</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10004 Date of Disbursement 08 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) BILL NELSON FOR U S SENATE Mailing Address 500 RED SAIL WAY City SATELITE BEACH State FL Zip Code 32937 Purpose of Disbursement 2009 Primary Candidate Name BILL NELSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 00	Transaction ID: SB23.10012 Date of Disbursement 10 / 26 / 2009
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE Mailing Address 6849 Old Dominion Drive Suite 222 City McLean State VA Zip Code 22101 Purpose of Disbursement 2009 Contribution Candidate Name BLUE DOG POLITICAL ACTION COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.9962 Date of Disbursement 10 / 26 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address PO Box 17813 City Richmond State VA Zip Code 23226 Purpose of Disbursement 2009 General Election Candidate Name CANTOR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	Transaction ID: SB23.9973 Date of Disbursement 12 / 15 / 2009
	Amount of Each Disbursement this Period 3000.00
	Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM-PAC) Mailing Address 2501 Wisconsin Ave., NW, #304 City Washington State DC Zip Code 20007 Purpose of Disbursement 2009 Primary Election Candidate Name CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.9940 Date of Disbursement 09 / 09 / 2009
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010 Mailing Address 5915 Eastman Avenue Suite 100 City Midland State MI Zip Code 48640 Purpose of Disbursement 2009 General Election Candidate Name DAVE CAMP FOR CONGRESS 2010 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04	Transaction ID: SB23.9964 Date of Disbursement 11 / 02 / 2009
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) DENALI LEADERSHIP PAC Mailing Address 16158 ESSEX PARK DRIVE City ANCHORAGE State AK Zip Code 99516 Purpose of Disbursement 2009 Primary Election Candidate Name DENALI LEADERSHIP PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.9954 Date of Disbursement 10 / 08 / 2009
	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) DIRIGO PAC <hr/> Mailing Address PO Box 1355 <hr/> City Alexandria State VA Zip Code 22313 <hr/> Purpose of Disbursement 2009 General Election Candidate Name DIRIGO PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9975 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ENZI FOR US SENATE <hr/> Mailing Address PO BOX 2775 <hr/> City CODY State WY Zip Code 82414 <hr/> Purpose of Disbursement 2009 Primary Election Candidate Name MICHAEL B ENZI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9948 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE <hr/> Mailing Address 1212 S VICTORY BLVD <hr/> City BURBANK State CA Zip Code 91502 <hr/> Purpose of Disbursement 2009 Primary Election Candidate Name DIANNE FEINSTEIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9937 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2400.00
	Category/ Type
	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4400.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID</p> <p>Mailing Address P.O. BOX 19163</p> <p>City LAS VEGAS State NV Zip Code 89132</p> <p>Purpose of Disbursement 2009 General Election</p> <p>Candidate Name FRIENDS FOR HARRY REID</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9956 Date of Disbursement 10 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 3300.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER</p> <p>Mailing Address 2801 Turk Blvd., Suite 306</p> <p>City San Francisco State CA Zip Code 94118</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name FRIENDS OF BARBARA BOXER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9971 Date of Disbursement 12 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF BYRON DORGAN</p> <p>Mailing Address PO BOX 871</p> <p>City BISMARCK State ND Zip Code 58502</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name FRIENDS OF BYRON DORGAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9959 Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5300.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER	Transaction ID: SB23.9945 Date of Disbursement
	Mailing Address Post Office Box 1994 Post Office Box 1994	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Union City State TN Zip Code 38281	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Primary Election	<input type="text" value="1000.00"/>
	Candidate Name JOHN S. TANNER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE	Transaction ID: SB23.9952 Date of Disbursement
	Mailing Address 200 NORTH PHILLIPS AVENUE STE L101	<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City SIOUX FALLS State SD Zip Code 57104	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Primary Election	<input type="text" value="2000.00"/>
	Candidate Name JOHN THUNE	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS	Transaction ID: SB23.9931 Date of Disbursement
	Mailing Address PO Box 23940	<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Santa Barbara State CA Zip Code 93121	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Primary Election	<input type="text" value="1000.00"/>
	Candidate Name FRIENDS OF LOIS CAPPS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MARK WARNER	Transaction ID: SB23.9966 Date of Disbursement 11 / 13 / 2009	
	Mailing Address 1029 NORTH ROYAL STREET 2ND FL		
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement 2009 Primary Election		
	Candidate Name FRIENDS OF MARK WARNER	Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009	
	State: VA District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.9977 Date of Disbursement 12 / 22 / 2009	
	Mailing Address 509 MADISON AVE SUITE 1902		
	City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement 2009 Primary Election		
	Candidate Name CHARLES E SCHUMER	Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009	
	State: NY District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC	Transaction ID: SB23.9934 Date of Disbursement 07 / 23 / 2009	
	Mailing Address PO BOX 1000		
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement 2009 Primary Election		
	Candidate Name GRASSLEY COMMITTEE INC	Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009	
	State: IA District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC</p> <p>Mailing Address PO BOX 1000</p> <p>City DES MOINES State IA Zip Code 50304</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name GRASSLEY COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9939</p> <p>Date of Disbursement 09 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement 2009 General Election</p> <p>Candidate Name HATCH ELECTION COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9965</p> <p>Date of Disbursement 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name STENY HAMILTON HOYER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9957</p> <p>Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) JIM COSTA FOR CONGRESS</p> <p>Mailing Address 2037 WEST BULLARD PMB #509</p> <p>City FRESNO State CA Zip Code 93711</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name JIM COSTA FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 20</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9947</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS</p> <p>Mailing Address 4590 Macarthur Boulevard Suite 500</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name JOHN CAMPBELL FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 48</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9974</p> <p>Date of Disbursement 12 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LEADERSHIP OF TODAY AND TOMORROW</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name LEADERSHIP OF TODAY AND TOMORROW</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9942</p> <p>Date of Disbursement 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS</p> <p>Mailing Address PO BOX 1738</p> <p>City SACRAMENTO State CA Zip Code 95812</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name MATSUI FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.9972 Date of Disbursement 12 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</p> <p>Mailing Address 320 First Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.9933 Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE</p> <p>Mailing Address 425 SECOND STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name NATIONAL REPUBLICAN SENATORIAL COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.9967 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE</p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name PETE STARK RE-ELECTION COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 13</p>	<p>Transaction ID: SB23.9968</p> <p>Date of Disbursement 12 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) SCHIFF FOR CONGRESS</p> <p>Mailing Address 777 S. Figueroa St. Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name ADAM SCHIFF</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 29</p>	<p>Transaction ID: SB23.9969</p> <p>Date of Disbursement 12 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 1500</p> <p>City Chico State CA Zip Code 95927</p> <p>Purpose of Disbursement 2009 Primary Election</p> <p>Candidate Name WALLY HERGER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 02</p>	<p>Transaction ID: SB23.9950</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

50700.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Bank, Fees	Full Name (Last, First, Middle Initial)	Transaction ID: SB29.9994																					
	Bank, Fees	Date of Disbursement																					
Mailing Address	345 Montgomery Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	5		2	0	0	9														
City	San Francisco	State	CA	Zip Code	94101	Amount of Each Disbursement this Period																	
Purpose of Disbursement	Account Analysis Fee	Category/Type				57.77																	
Candidate Name	Office Sought:		Disbursement For:																				
State:	District:	<input type="checkbox"/> House	<input type="checkbox"/> Primary	<input type="checkbox"/> General																			
		<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																				
		<input type="checkbox"/> President																					

B. Bank, Fees	Full Name (Last, First, Middle Initial)	Transaction ID: SB29.9996																					
	Bank, Fees	Date of Disbursement																					
Mailing Address	345 Montgomery Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	7		2	0	0	9														
City	San Francisco	State	CA	Zip Code	94101	Amount of Each Disbursement this Period																	
Purpose of Disbursement	Account Analysis Fee	Category/Type				32.45																	
Candidate Name	Office Sought:		Disbursement For:																				
State:	District:	<input type="checkbox"/> House	<input type="checkbox"/> Primary	<input type="checkbox"/> General																			
		<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																				
		<input type="checkbox"/> President																					

C. Bank, Fees	Full Name (Last, First, Middle Initial)	Transaction ID: SB29.9997																					
	Bank, Fees	Date of Disbursement																					
Mailing Address	345 Montgomery Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	0	9														
City	San Francisco	State	CA	Zip Code	94101	Amount of Each Disbursement this Period																	
Purpose of Disbursement	Account Analysis Fee	Category/Type				34.85																	
Candidate Name	Office Sought:		Disbursement For:																				
State:	District:	<input type="checkbox"/> House	<input type="checkbox"/> Primary	<input type="checkbox"/> General																			
		<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																				
		<input type="checkbox"/> President																					

SUBTOTAL of Disbursements This Page (optional)	▶	125.07
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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. Bank, Fees	Full Name (Last, First, Middle Initial)	Transaction ID: SB29.9998																					
	Bank, Fees	Date of Disbursement																					
Mailing Address	345 Montgomery Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	5	/	2	0	0	9														
City	San Francisco	State	CA	Zip Code	94101	Amount of Each Disbursement this Period																	
Purpose of Disbursement	Account Analysis Fee	Category/Type				64.21																	
Candidate Name																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																						

B. Bank, Fees	Full Name (Last, First, Middle Initial)	Transaction ID: SB29.9999																					
	Bank, Fees	Date of Disbursement																					
Mailing Address	345 Montgomery Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	6	/	2	0	0	9														
City	San Francisco	State	CA	Zip Code	94101	Amount of Each Disbursement this Period																	
Purpose of Disbursement	Account Analysis Fee	Category/Type				32.02																	
Candidate Name																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																						

C. Bank, Fees	Full Name (Last, First, Middle Initial)	Transaction ID: SB29.10000																					
	Bank, Fees	Date of Disbursement																					
Mailing Address	345 Montgomery Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	1	5	/	2	0	0	9														
City	San Francisco	State	CA	Zip Code	94101	Amount of Each Disbursement this Period																	
Purpose of Disbursement	Account Analysis Fee	Category/Type				32.65																	
Candidate Name																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	▶	128.88
TOTAL This Period (last page this line number only)	▶	253.95