

**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
WellPoint Health Networks WELLPAC

ADDRESS (number and street) 1 WellPoint Way, T2-1A5
Check if different than previously reported. (ACC) Thousand Oaks CA 91362

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00197228

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	July 15 Quarterly Report(Q2)	<input checked="" type="checkbox"/> Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
	October 15 Quarterly Report(Q3)					
	January 31 Quarterly Report(YE)					
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
	Termination Report (TER)		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 03 01 2003 through 03 31 2003

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 Callen M. Lockett

Signature of Treasurer Electronically Filed by Callen M. Lockett Date 04 16 2003

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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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
WellPoint Health Networks WELLPAC

Report Covering the Period: From: ^M03 ^D01 ^Y2003 To: ^M03 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^M ^D		17112.31
(b) Cash on Hand at Beginning of Reporting Period	40220.61	
(c) Total Receipts (from Line 19)	17179.93	59288.23
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57400.54	76400.54
<hr/>		
7. Total Disbursements (from Line 31)	23000.00	42000.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34400.54	34400.54
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
<hr/>		
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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Page 3

Write or Type Committee Name

WellPoint Health Networks WELLPAC

Report Covering the Period: From: ^M03 ^D01 ^Y2003 To: ^M03 ^D31 ^Y2003

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)	10486.60	
(ii) Unitemized	6693.33	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	17179.93	59288.23
(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)	17179.93	59288.23
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17179.93	59288.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17179.93	59288.23

DETAILED SUMMARY PAGE

of Disbursements

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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.....	23000.00	42000.00
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.....	0.00	0.00
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 ActMty (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))..	23000.00	42000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	23000.00	42000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	17179.93	59288.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17179.93	59288.23
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 38	
	(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

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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Marc Gottlieb		Date of Receipt M / D / Y 03 / 26 / 2008
Mailing Address 3730 Peachtree Road, #2		Transaction ID: 13918226
City Atlanta	State GA	Zip Code 30309-3805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Steven Scott, Scott		Date of Receipt M / D / Y 03 / 26 / 2008
Mailing Address 21458 Townsendia Avenue		Transaction ID: PR103931975345
City Moreno Valley	State CA	Zip Code 92557-8635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation GM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 338.00	
		P/R Deduction (\$48.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Anthony D Rodgers, Rodgers		Date of Receipt M / D / Y 03 / 26 / 2008
Mailing Address 24644 Calle Largo		Transaction ID: PR103932115345
City Calabasas	State CA	Zip Code 91302-5010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation GM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
		P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	676.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 38	
	(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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Robert Cracker		Date of Receipt M / D / Y
Mailing Address 4553 La Tienda Dr T1-2K9		Transaction ID: PR103932245345
City Thousand Oaks	State CA	Zip Code 91362
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 136.00
Name of Employer COST CARE INC.	Occupation SVP, Clinical Mgmt Systems	P/R Deduction (\$68.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 476.00	

Full Name (Last, First, Middle Initial) B. Michael L Burks, Burks		Date of Receipt M / D / Y
Mailing Address 10160 Brixton Place		Transaction ID: PR103931285345
City Suwanee	State GA	Zip Code 30024-5391
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation VP, Actuarial	P/R Deduction (\$44.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) C. John R Kluck MD, Kluck MD		Date of Receipt M / D / Y
Mailing Address 2705 Coneja Canyon Ct #22		Transaction ID: PR103931385345
City Thousand Oaks	State CA	Zip Code 91362-5738
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Information Services	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	320.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 38	
	(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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Christine M Murphy, Murphy		Date of Receipt M / D / Y
Mailing Address 3985 Elkwood St		Transaction ID: PR103931415345
City Newbury Park	State CA	Zip Code 91320-5210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation Business Oper Analysis Spec	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Joseph Ruiz, Ruiz		Date of Receipt M / D / Y
Mailing Address 181 Cedar Heights Dr		Transaction ID: PR103931465345
City Thousand Oaks	State CA	Zip Code 91320-1728
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation Staff VP, Sales Development	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

Full Name (Last, First, Middle Initial) C. James R Faulkner, Faulkner		Date of Receipt M / D / Y
Mailing Address 18419 Teton		Transaction ID: PR103931755345
City Lockport	State IL	Zip Code 60441-7588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation VP, Individual Services	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

SUBTOTAL of Receipts This Page (optional)	▶	176.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Brian A Sassi, Sassi		Date of Receipt M / D / Y
Mailing Address 10146 Toluca Lake Ave.		Transaction ID: PR103931765345
City Toluca Lake	State CA	Zip Code 91602-2826
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation GM	P/R Deduction (\$45.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Ronald B Lawrence, Lawrence		Date of Receipt M / D / Y
Mailing Address 2127 Town Manor Ct		Transaction ID: PR103930795345
City Dacula	State GA	Zip Code 30019-3294
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation RVP, Network Development	P/R Deduction (\$24.72 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

Full Name (Last, First, Middle Initial) C. Charles W Carlson, Carlson		Date of Receipt M / D / Y
Mailing Address 404 Wild Iris Lane		Transaction ID: PR103930825345
City Powder Springs	State GA	Zip Code 30127-6282
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation RVP, Account Management	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	226.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 38	
	(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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Susan R Poreth, D'Avignon		Date of Receipt M / D / Y
Mailing Address 1874 N Hill Ave		Transaction ID: PR103930935345
City Pasadena	State CA	Zip Code 91104-1433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, Central Services	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. Carol J Bur		Date of Receipt M / D / Y
Mailing Address 714 Humboldt Street		Transaction ID: PR103930945345
City Denver	State CO	Zip Code 80218-3512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, Finance & Strategic Devlp	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Angela F Braly, Braly		Date of Receipt M / D / Y
Mailing Address 19 Camswold Dr.		Transaction ID: PR103931015345
City Clayton	State MO	Zip Code 63105-2514
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer BLUE CROSS BLUE SHIELD of MO	Occupation VP, Legal	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

SUBTOTAL of Receipts THs Page (optional)	▶	252.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Darrell K Lindgren, Lindgren		Date of Receipt M / D / Y
Mailing Address 822D Rosebury Ave #3E		Transaction ID: PR103931065345
City	State	Zip Code
St Louis	MO	63105-3214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation VP, CFO-Central Region	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Danny W Cross, Cross		Date of Receipt M / D / Y
Mailing Address 21430 Palm Ave		Transaction ID: PR103931135345
City	State	Zip Code
Grand Terrace	CA	92313-3636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.00
Name of Employer CA INSURANCE MARKETING SV- CS	Occupation Staff VP, Sales	P/R Deduction (\$48.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 338.00	

Full Name (Last, First, Middle Initial) C. Bruce M Gesser, Gesser		Date of Receipt M / D / Y
Mailing Address 705 Cedar Bluff Ct.		Transaction ID: PR103931185345
City	State	Zip Code
Ballwin	MO	63021-7567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer HEALTHLINK, INC	Occupation GM	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

SUBTOTAL of Receipts This Page (optional)	252.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Mark B Johnston, Johnston		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5882 Delor St.		Transaction ID: PR103931185345
City St. Louis	State MO	Zip Code 63109-3107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 63.00
Name of Employer BLUE CROSS BLUE SHIELD of MO	Occupation Legis Affairs Dir & Sp Counsel	P/R Deduction (\$33.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00	

Full Name (Last, First, Middle Initial) B. Kathleen M Zorica, Zorica		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 12912 Weatherfield		Transaction ID: PR103931185345
City St. Louis	State MO	Zip Code 63146-3644
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.00
Name of Employer BLUE CROSS BLUE SHIELD of MO	Occupation GM	P/R Deduction (\$48.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 338.00	

Full Name (Last, First, Middle Initial) C. Sandra A Van Traase, Van Traase		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 1721 Kenmont		Transaction ID: PR103931245345
City St. Louis	State MO	Zip Code 63124-1021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BLUE CROSS BLUE SHIELD of MO	Occupation PRES/CEO, UNICARE	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts TNs Page (optional)	259.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 38	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Stuart K. Campbell Campbell		Date of Receipt M / D / Y
Mailing Address 18510 Baxter Forest Ridge		Transaction ID: PR103931255345
City Chesterfield	State MO	Zip Code 63005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BLUE CROSS BLUE SHIELD of MO	Occupation PRES/CEO, BCBSMO	P/R Deduction (\$192.31 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) B. Mary L. Redshaw, Redshaw		Date of Receipt M / D / Y
Mailing Address 1039 Bauer Road		Transaction ID: PR103930265345
City Troy	State IL	Zip Code 62294-2507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer BLUE CROSS BLUE SHIELD of MO	Occupation VP, Regional Operations	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Richard R. Balsano, Balsano		Date of Receipt M / D / Y
Mailing Address 133 North Clay Street		Transaction ID: PR103930285345
City Hinsdale	State IL	Zip Code 60521-5207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer UNICARE Health Plans of the NW	Occupation VP, Medical Mgmt. Operations	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

SUBTOTAL of Receipts This Page (optional)	368.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Charles H Cury, Cury		Date of Receipt M / D / Y
Mailing Address 4859 Tam O'Shanter Drive		Transaction ID: PR103930505345
City Westlake Village	State CA	Zip Code 91362-4332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Marketing and Advertising	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

Full Name (Last, First, Middle Initial) B. Hallett L Hall, Hall		Date of Receipt M / D / Y
Mailing Address 7777 Farnsworth		Transaction ID: PR103930575345
City Algonac	State MI	Zip Code 48001-3017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation RVP, Operations	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) C. Gary M Radtke, Radtke		Date of Receipt M / D / Y
Mailing Address 218 Spruce Circle		Transaction ID: PR103930595345
City Simi Valley	State CA	Zip Code 93065-7378
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation SVP, Medical Operations Mgmt	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	246.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. David W Fields, Fields		Date of Receipt M / D / Y
Mailing Address 15 Chestatee Square Lane		Transaction ID: PR103930665345
City Dawsonville	State GA	Zip Code 30534-0720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation GM	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. S L McCray, McCray		Date of Receipt M / D / Y
Mailing Address 10601 Wilshire Blvd, #403		Transaction ID: PR103930705345
City Los Angeles	State CA	Zip Code 90024-4519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, Chief of Staff	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1348.10	

Full Name (Last, First, Middle Initial) C. Leslie C Wilson, Wilson		Date of Receipt M / D / Y
Mailing Address 426B Roxbury Street		Transaction ID: PR103930735345
City Simi Valley	State CA	Zip Code 93063-1162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Information Services	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	584.60
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Steven D Staples, Staples		Date of Receipt M / D / Y
Mailing Address 130 Allen Wood Rd		Transaction ID: PR103929815345
City Fayetteville	State GA	Zip Code 30214-1402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation Dir, Information Technology	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

Full Name (Last, First, Middle Initial) B. Charles E Harman Jr., Harman Jr.		Date of Receipt M / D / Y
Mailing Address 1959 River Forest Dr		Transaction ID: PR103929845345
City Marietta	State GA	Zip Code 30068-1520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation VP, Public Affairs	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Douglas W Brown, Brown		Date of Receipt M / D / Y
Mailing Address 124 Troop Drive		Transaction ID: PR10392985345
City Fortson	State GA	Zip Code 31808-4894
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation VP, Information Services	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

SUBTOTAL of Receipts This Page (optional)	198.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 38	
	(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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Ivan J Kamil, Kamil		Date of Receipt M / D / Y
Mailing Address 281 D Forrester Drive		
City Los Angeles	State CA	Zip Code 90064-4862
FEC ID number of contributing federal political committee. C		Transaction ID: PR103930045345
		Amount of Each Receipt this Period 150.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Michael A Nemeth		Date of Receipt M / D / Y
Mailing Address 29842 Rainbow Crest Drive		
City Agoura Hills	State CA	Zip Code 91301
FEC ID number of contributing federal political committee. C		Transaction ID: PR103930165345
		Amount of Each Receipt this Period 110.00
Name of Employer WELLPOINT PHARMACY MGMT. INC.	Occupation GM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	P/R Deduction (\$55.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Christine L Stoll, Stoll		Date of Receipt M / D / Y
Mailing Address 354 Kenilworth Ave		
City Kenilworth	State IL	Zip Code 60043-1157
FEC ID number of contributing federal political committee. C		Transaction ID: PR103930175345
		Amount of Each Receipt this Period 98.00
Name of Employer UNICARE Health Plans of the NW	Occupation VP, Network Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 338.00	P/R Deduction (\$48.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	358.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Woodrow A Myers Jr., Myers Jr.		Date of Receipt M / D / Y
Mailing Address 4881 Via Andrea		Transaction ID: PR103930195345
City Newbury Park	State CA	Zip Code 91320-6810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation EVP, Chief Medical Officer	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.00	

Full Name (Last, First, Middle Initial) B. Louise J Short MD, Short MD		Date of Receipt M / D / Y
Mailing Address 225 Farmbrooke Court		Transaction ID: PR103928285345
City Atlanta	State GA	Zip Code 30350-5662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation Medical Director	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

Full Name (Last, First, Middle Initial) C. John O'Rourke		Date of Receipt M / D / Y
Mailing Address 10 Claychester		Transaction ID: PR103928325345
City St. Louis	State MO	Zip Code 63131-4007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer BLUE CROSS BLUE SHIELD of MO	Occupation PRES/CEO, Central Region	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1348.10	

SUBTOTAL of Receipts This Page (optional)	▶	826.60
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Kevin M Lenihan, Lenihan		Date of Receipt M / D / Y
Mailing Address 904B Travelers Way		
City Midland	State GA	Zip Code 31820-3449
FEC ID number of contributing federal political committee. C		Transaction ID: PR103929335345
		Amount of Each Receipt this Period 80.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation VP, Regional Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Grace L Frith, Frith		Date of Receipt M / D / Y
Mailing Address 8229 Woodmark Drive		
City Columbus	State GA	Zip Code 31809-2149
FEC ID number of contributing federal political committee. C		Transaction ID: PR103929415345
		Amount of Each Receipt this Period 100.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation VP, Corporate Applications	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. David M Goodrow, Goodrow		Date of Receipt M / D / Y
Mailing Address 4405 Sirrocco Lane		
City Lilburn	State GA	Zip Code 30047-7435
FEC ID number of contributing federal political committee. C		Transaction ID: PR103929495345
		Amount of Each Receipt this Period 100.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation VP, Sales Development-LGD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Wayne K. Hoffman MD, Hoffman MD		Date of Receipt M / D / Y
Mailing Address 408 Rock Springs Rd		Transaction ID: PR103929585345
City Atlanta	State GA	Zip Code 30324-5102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation VP, Medical Operations Mgmt	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Scott S. Jacobs, Jacobs		Date of Receipt M / D / Y
Mailing Address 56 Mountain View Ter		Transaction ID: PR103929615345
City Hillsdale	State NJ	Zip Code 07642-1021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation VP, Group Sales	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

Full Name (Last, First, Middle Initial) C. Richard S. Novak, Novak		Date of Receipt M / D / Y
Mailing Address 440 Bircham Way		Transaction ID: PR103929635345
City Roswell	State GA	Zip Code 30075-6807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation GM	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	236.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 38	
	(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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Frederick E Rauch, Rauch		Date of Receipt M / D / Y
Mailing Address 13970 Panay Way, #407		
City Marina Del Rey	State CA	Zip Code 90292-6103
FEC ID number of contributing federal political committee. C		Transaction ID: PR103929645345
		Amount of Each Receipt this Period 60.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation GM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. James R. Parkins		Date of Receipt M / D / Y
Mailing Address 939 Tower Court		
City Camarillo	State CA	Zip Code 93010
FEC ID number of contributing federal political committee. C		Transaction ID: PR103928885345
		Amount of Each Receipt this Period 96.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation GM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 338.00	P/R Deduction (\$48.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Alexander R. Cunningham		Date of Receipt M / D / Y
Mailing Address 6701 Single Tree Lane		
City Oak Park	State CA	Zip Code 91377
FEC ID number of contributing federal political committee. C		Transaction ID: PR103928895345
		Amount of Each Receipt this Period 70.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation Staff VP, SSP Business Dev/Ops	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	226.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 38					
	<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

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NAME OF COMMITTEE (In Full)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. David Colby		Date of Receipt M / D / Y
Mailing Address 200 West Stafford Road		Transaction ID: PR103928975345
City Lake Sherwood	State CA	Zip Code 91361-5057
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation EVP, Chief Financial Officer	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.10	

Full Name (Last, First, Middle Initial) B. John S Watts Jr.		Date of Receipt M / D / Y
Mailing Address 915 Hampton Bluff Drive		Transaction ID: PR103928995345
City Alpharetta	State GA	Zip Code 30004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 116.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation PRES/CEO, BCBSGA	P/R Deduction (\$58.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 408.00	

Full Name (Last, First, Middle Initial) C. Vincent G Mace		Date of Receipt M / D / Y
Mailing Address 9 Greenmeadow Drive		Transaction ID: PR103928085345
City Thousand Oaks	State CA	Zip Code 91320
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Valuation Actuary	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Joan E Herman		Date of Receipt M / D / Y
Mailing Address 23224 Park Carniche		Transaction ID: PR103929075345
City Calabasas	State CA	Zip Code 91302-2819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation PRES, SSSSP	P/R Deduction (\$175.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1225.00	

Full Name (Last, First, Middle Initial) B. William S Igleheart, Igleheart		Date of Receipt M / D / Y
Mailing Address 2395 Kimbrough Court		Transaction ID: PR103929135345
City Dunwoody	State GA	Zip Code 30350-5635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation VP, Agency Sales	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

Full Name (Last, First, Middle Initial) C. Alice Rosenblatt		Date of Receipt M / D / Y
Mailing Address 594B Annie Oakley Road		Transaction ID: PR103928255345
City Hidden Hills	State CA	Zip Code 91302-1258
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer WELLPOINT DEVELOPMENT CO.-INC.	Occupation EVP, Int PIng/Imp & Chief Act	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	506.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Kenneth Zurek		Date of Receipt M / D / Y
Mailing Address 125B Lamont Avenue		Transaction ID: PR103928265345
City Thousand Oaks	State CA	Zip Code 91362-2023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, Controller & Taxation	P/R Deduction (\$48.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. John P Manshan		Date of Receipt M / D / Y
Mailing Address 8373 Kerryhill Court		Transaction ID: PR103928315345
City Agoura Hills	State CA	Zip Code 91301-4116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, State Sponsored Programs	P/R Deduction (\$48.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 338.00	

Full Name (Last, First, Middle Initial) C. Andrew F Morrison		Date of Receipt M / D / Y
Mailing Address 355 Medea Creek Lane		Transaction ID: PR103928345345
City Oak Park	State CA	Zip Code 91377-3840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation VP, Federal Gov't Affairs	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	392.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 38	
	(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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Laurence M Rehaut		Date of Receipt M / D / Y
Mailing Address 25489 Doyle Court		Transaction ID: PR103928615345
City Stevenson Ranch	State CA	Zip Code 91381-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation GM	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

Full Name (Last, First, Middle Initial) B. John T Van Berkm		Date of Receipt M / D / Y
Mailing Address 23477 Park Calamba		Transaction ID: PR103928715345
City Calabasas	State CA	Zip Code 91302-2814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, Human Resources	P/R Deduction (\$192.90 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1348.10	

Full Name (Last, First, Middle Initial) C. MG Cheryl Nonesarow, Nonesarow		Date of Receipt M / D / Y
Mailing Address 2712 Arnoldson Avenue		Transaction ID: PR103927785345
City San Diego	State CA	Zip Code 92122-2110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation GM	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

SUBTOTAL of Receipts This Page (optional)	518.60
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 38	
	(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"/>	<input type="checkbox"/> 12	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Lane C Volpe		Date of Receipt M / D / Y
Mailing Address 544B Forestridge Drive		Transaction ID: PR103927795345
City Agoura Hills	State CA	Zip Code 91301-2058
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Strategic Initiatives	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Leonard D Schaeffer		Date of Receipt M / D / Y
Mailing Address One WellPoint Way		Transaction ID: PR103927815345
City Thousand Oaks	State CA	Zip Code 91360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation Chairman and Chief Exec Ofcr	P/R Deduction (\$192.90 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1348.10	

Full Name (Last, First, Middle Initial) C. Michael J Lohnberg		Date of Receipt M / D / Y
Mailing Address 29039 Catherwood Court		Transaction ID: PR103927825345
City Agoura Hills	State CA	Zip Code 91301-1619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Government Compliance	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	504.60
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 38	
	(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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. John P. Gamer		Date of Receipt M / D / Y
Mailing Address 10211 Valley Spring Ln		Transaction ID: PR103927945345
City Toluca Lake	State CA	Zip Code 91602-2831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, Public Affairs	P/R Deduction (\$48.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. Robert E. Scarlett		Date of Receipt M / D / Y
Mailing Address 2732 Ninth Ave		Transaction ID: PR103927985345
City Sacramento	State CA	Zip Code 95818-4407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, State Gov't Affairs	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Mark Weinberg		Date of Receipt M / D / Y
Mailing Address 251D Alhambra Court		Transaction ID: PR103928145345
City Camarillo	State CA	Zip Code 93012-9345
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation EVP, Chief Development Officer	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1348.10	

SUBTOTAL of Receipts This Page (optional)	▶	540.60
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Lorraine Salvatore, Salvatore		Date of Receipt M / D / Y
Mailing Address 914 Paseo Santa Cruz		
City Newbury Park	State CA	Zip Code 91320-6777
FEC ID number of contributing federal political committee. C		Transaction ID: PR103928165345
		Amount of Each Receipt this Period 60.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Specialized Networks	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Jacqueline A Anderson		Date of Receipt M / D / Y
Mailing Address 5779 Willowtree Drive		
City Agoura	State CA	Zip Code 91301-4417
FEC ID number of contributing federal political committee. C		Transaction ID: PR103927275345
		Amount of Each Receipt this Period 80.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation VP, Technical Support Svcs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Barbara Lynch		Date of Receipt M / D / Y
Mailing Address 617 Muirfield Avenue #124		
City Simi Valley	State CA	Zip Code 93065
FEC ID number of contributing federal political committee. C		Transaction ID: PR103927355345
		Amount of Each Receipt this Period 70.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, National Accounts	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 38	
	(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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Rebecca Kapusky		Date of Receipt M / D / Y
Mailing Address 3094 Bayshore Avenue		Transaction ID: PR103927365345
City	State	Zip Code
Yerbury	CA	93001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation EVP, Central Services	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.00	

Full Name (Last, First, Middle Initial) B. Gregory B Baird		Date of Receipt M / D / Y
Mailing Address 22812 Misty Sea		Transaction ID: PR103927405345
City	State	Zip Code
Laguna Niguel	CA	92677-1973
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, National Sales/Sales Sup	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Scott P Herick		Date of Receipt M / D / Y
Mailing Address 1124 Greenacre Avenue		Transaction ID: PR103927415345
City	State	Zip Code
Los Angeles	CA	90048-5708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation VP, LG Sales Support	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

SUBTOTAL of Receipts This Page (optional)	522.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Max Brown		Date of Receipt M / D / Y
Mailing Address 4514 Rayburn		Transaction ID: PR103927445345
City Westlake Village	State CA	Zip Code 91362-4724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, Network Management	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Pamela D Kehaly		Date of Receipt M / D / Y
Mailing Address 32524 Fallview Road		Transaction ID: PR103927515345
City Westlake	State CA	Zip Code 91361-5535
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation GM	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

Full Name (Last, First, Middle Initial) C. Ronald R Regland		Date of Receipt M / D / Y
Mailing Address 4941 Inadale Avenue		Transaction ID: PR103927525345
City Los Angeles	State CA	Zip Code 90043-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Sales Development-LGD	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

SUBTOTAL of Receipts This Page (optional)	194.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Gene L Householder		Date of Receipt M / D / Y
Mailing Address 8018 Little Oak Lane		
City Woodland Hills	State CA	Zip Code 91367-1012
FEC ID number of contributing federal political committee. C		Transaction ID: PR103927535345
		Amount of Each Receipt this Period 120.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, Large Group, BCC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Michael C Higgins		Date of Receipt M / D / Y
Mailing Address 28013 Ellis Court		
City Santa Clarita	State CA	Zip Code 91350-1955
FEC ID number of contributing federal political committee. C		Transaction ID: PR103927555345
		Amount of Each Receipt this Period 84.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation GM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	P/R Deduction (\$42.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Joyce LI		Date of Receipt M / D / Y
Mailing Address 330 Anita Drive		
City Pasadena	State CA	Zip Code 91105-2102
FEC ID number of contributing federal political committee. C		Transaction ID: PR103927685345
		Amount of Each Receipt this Period 78.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, Provider/Clinical Anal	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. John Cypul		Date of Receipt M / D / Y
Mailing Address 1628 Castlehill Court		Transaction ID: PR103926885345
City Westlake Village	State CA	Zip Code 91361-1634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Investor Rels/Corp Comm	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) B. R Kretschmer		Date of Receipt M / D / Y
Mailing Address 952 - 2Nd Street		Transaction ID: PR103926975345
City Manhattan Beach	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Treasurer	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

Full Name (Last, First, Middle Initial) C. John F Simon		Date of Receipt M / D / Y
Mailing Address 601 Priscilla Lane		Transaction ID: PR103927025345
City Burbank	State CA	Zip Code 91505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Bus. Continuity & Safety	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.00	

SUBTOTAL of Receipts This Page (optional)	196.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Kandy Waldie		Date of Receipt M / D / Y
Mailing Address 12951 Red Oak Ct		Transaction ID: PR103927035345
City	State	Zip Code
Lockport	IL	60441
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation GM	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

Full Name (Last, First, Middle Initial) B. David S Halwig		Date of Receipt M / D / Y
Mailing Address 188 Colt Lane		Transaction ID: PR103927175345
City	State	Zip Code
Thousand Oaks	CA	91361-5201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation PRES/CEO, BCC	P/R Deduction (\$55.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) C. Thomas C Geiser		Date of Receipt M / D / Y
Mailing Address 627 20Th Street		Transaction ID: PR104523525345
City	State	Zip Code
Santa Monica	CA	90402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation EVP, General Counsel/Secretary	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	▶	336.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 / 38	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Tracy R Nolan		Date of Receipt M / D / Y
Mailing Address 1813 Queensbridge Lane		Transaction ID: PR104523545345
City Roanoke	State TX	Zip Code 76262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer WELLPOINT PHARMACY MGMT. INC.	Occupation Staff VP, Pharmacy	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Michael Fulk		Date of Receipt M / D / Y
Mailing Address 10985 Chase Park Lane #D		Transaction ID: PR104523585345
City St Louis	State MO	Zip Code 63141
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.00
Name of Employer BLUE CROSS BLUE SHIELD of MO	Occupation GM	P/R Deduction (\$48.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 338.00	

Full Name (Last, First, Middle Initial) C. Donna J Geringer		Date of Receipt M / D / Y
Mailing Address 1321 Wildhorse Meadows		Transaction ID: PR104523595345
City Chesterfield	State MO	Zip Code 63005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer HEALTHLINK, INC	Occupation VP, Sales & Network Developmnt	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	236.00
TOTAL This Period (last page this line number only)	10486.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 35 / 38			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Burns for Congress		Transaction ID: 13023862 Date of Disbursement 03 / 05 / 2003	
Mailing Address P.O. Box 2776			
City Arlington	State VA	Zip Code 22202	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name O Maxie Burns			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: GA District 12	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BLUEPAC		Transaction ID: 13071541 Date of Disbursement 03 / 11 / 2003	
Mailing Address 1310 G. Street N.W. 12th Floor			
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. HIPAC		Transaction ID: 13071614 Date of Disbursement 03 / 11 / 2003	
Mailing Address 1201 F STREET, NW STE 500			
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
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)				PAGE 36 / 38			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Castle Campaign Fund		Transaction ID: 13071244 Date of Disbursement 03 / 11 / 2003	
Mailing Address P.O Box 133			
City Wilmington	State DE	Zip Code 19899	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Michael Castle			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: DE	District: 1		

Full Name (Last, First, Middle Initial) B. Evan Bayh Committee		Transaction ID: 13898239 Date of Disbursement 03 / 19 / 2003	
Mailing Address 10 W Market Suite 2000			
City Indianapolis	State IN	Zip Code 46204	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Evan Bayh			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IN	District: 2		

Full Name (Last, First, Middle Initial) C. Nancy Johnson for Congress Committee		Transaction ID: 13898165 Date of Disbursement 03 / 19 / 2003	
Mailing Address 4451 BROOKFIELD CORP. DR. STE.200			
City CHANTILLY	State VA	Zip Code 20151-1652	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Nancy L. Johnson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT	District: 6		

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)				PAGE 37 / 38	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. EARL POMEROY FOR CONGRESS		Transaction ID: 13898168 Date of Disbursement 03 / 19 / 2003	
Mailing Address P.O. BOX 75214		Amount of Each Disbursement this Period 1000.00	
City WASHINGTON	State DC		Zip Code 20013-5214
Purpose of Disbursement			011 Category/ Type
Candidate Name Earl Pomeroy			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: ND District 1	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. America's Foundation FKA Fight - PAC		Transaction ID: 13898167 Date of Disbursement 03 / 19 / 2003	
Mailing Address 128 North Columbus St		Amount of Each Disbursement this Period 5000.00	
City Alexandria	State VA		Zip Code 22314
Purpose of Disbursement			011 Category/ Type
Candidate Name			
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BECERRA FOR CONGRESS		Transaction ID: 13898240 Date of Disbursement 03 / 19 / 2003	
Mailing Address NATIONAL DEMOCRATIC CLUB 30 IVY ST. SE		Amount of Each Disbursement this Period 1000.00	
City WASHINGTON	State DC		Zip Code 20013-5214
Purpose of Disbursement			011 Category/ Type
Candidate Name Xavier Becerra			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District 30	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 38

<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Friends Of Jack Kingston		Transaction ID: 13898162 Date of Disbursement 03 / 19 / 2003	
Mailing Address P.O. Box 2133		Amount of Each Disbursement this Period 1000.00	
City Savannah	State GA		Zip Code 31406
Purpose of Disbursement			011 Category/ Type
Candidate Name Jack Kingston			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: GA District 1	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	23000.00