

**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 X 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) X 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 04 01 2003 through 04 30 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 10 07 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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
WellPoint Health Networks WELLPAC

Report Covering the Period: From: ^M04 ^D01 ^Y2003 To: ^M04 ^D30 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003		17112.31
(b) Cash on Hand at Beginning of Reporting Period	34400.54	
(c) Total Receipts (from Line 19)	26723.46	86011.69
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61124.00	103124.00
<hr/>		
7. Total Disbursements (from Line 31)	31500.00	73500.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29624.00	29624.00
<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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

WellPoint Health Networks WELLPAC

Report Covering the Period: From: ^M04 ⁻01 ⁻2003 To: ^M04 ⁻30 ⁻2003

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)	20289.80	
(ii) Unitemized	6433.66	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	26723.46	86011.69
(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)	26723.46	86011.69
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))	26723.46	86011.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26723.46	86011.69

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	31500.00	73500.00
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))..	31500.00	73500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	31500.00	73500.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	26723.46	86011.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26723.46	86011.69
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 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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. Philip T. Jones		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address 272D Kensington Court		Transaction ID: 14093398
City Cumming	State GA	Zip Code 30041-7460
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Dae Fitzgerald		Date of Receipt M / D / Y 04 / 15 / 2003
Mailing Address 247B1 Glenwood Drive		Transaction ID: 14415417
City El Toro	State CA	Zip Code 92630-3109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer WellPoint Health Networks	Occupation Staff VP, Dental Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Alan Katz		Date of Receipt M / D / Y 04 / 18 / 2003
Mailing Address 2105 Trentham Rd		Transaction ID: 14518035
City Lake Sherwood	State CA	Zip Code 91361-5133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer WellPoint Health Networks	Occupation Sr. Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

SUBTOTAL of Receipts This Page (optional)	▶	3600.00
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 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. David T. Ott		Date of Receipt M / D / Y 04 / 24 / 2008
Mailing Address 17 Lemp Road		Transaction ID: 14649994
City Kirkwood	State MO	Zip Code 63122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer HealthLink	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Chuck Moore		Date of Receipt M / D / Y / / /
Mailing Address 595 Vineyard Lane		Transaction ID: PR103931905473
City Simi Valley	State CA	Zip Code 93065-0613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation Staff VP, HRIS/Admin	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Steven Scott		Date of Receipt M / D / Y / / /
Mailing Address 21458 Townsendia Avenue		Transaction ID: PR103931975473
City Moreno Valley	State CA	Zip Code 92557-8635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 98.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation GM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	P/R Deduction (\$48.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	5148.00
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 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Craig A Laidig		Date of Receipt M / D / Y
Mailing Address 23927 Archwood St.		Transaction ID: PR103932015473
City West Hills	State CA	Zip Code 91307
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 Sr Counsel	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. Robert Crocker		Date of Receipt M / D / Y
Mailing Address 4553 La Tienda Dr T1-2K9		Transaction ID: PR103932245473
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 (\$100.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 612.00	

Full Name (Last, First, Middle Initial) C. Michael L Burks		Date of Receipt M / D / Y
Mailing Address 10180 Brixton Place		Transaction ID: PR103931285473
City Suwanee	State GA	Zip Code 30024-5391
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 88.00
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 ▼ 382.00	

SUBTOTAL of Receipts This Page (optional)	▶	294.00
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 / 48	
	<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 R Kluck MD		Date of Receipt M / D / Y
Mailing Address 2705 Coneja Canyon Ct #22		Transaction ID: PR103931385473
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 (\$48.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Christine M Murphy		Date of Receipt M / D / Y
Mailing Address 3985 Elkwood St		Transaction ID: PR103931415473
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 ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Joseph Rutz		Date of Receipt M / D / Y
Mailing Address 181 Cedar Heights Dr		Transaction ID: PR103931485473
City Thousand Oaks	State CA	Zip Code 91360-1728
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 ▼ 281.00	

SUBTOTAL of Receipts This Page (optional)	218.00
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 10 / 49	
	<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. Alan R. Brunson		Date of Receipt M / D / Y
Mailing Address 505 Roosevelt Court		Transaction ID: PR103931625473
City Simi Valley	State CA	Zip Code 93065-8368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Finance	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. James R. Faulner		Date of Receipt M / D / Y
Mailing Address 16419 Teton		Transaction ID: PR103931765473
City Lockport	State IL	Zip Code 60441-7568
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 ▼ 281.00	

Full Name (Last, First, Middle Initial) C. Brian A. Saas		Date of Receipt M / D / Y
Mailing Address 10146 Toluca Lake Ave.		Transaction ID: PR103931785473
City Toluca Lake	State CA	Zip Code 91602-2528
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 (\$50.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

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: (check only one)		PAGE 11 / 49	
	<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. Ronald B Lawrence		Date of Receipt M / D / Y
Mailing Address 2127 Town Manor Ct		Transaction ID: PR103930795473
City	State	Zip Code
Dacula	GA	30019-3294
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 49.44
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 ▼ 315.44	

Full Name (Last, First, Middle Initial) B. Gregg F Chandler		Date of Receipt M / D / Y
Mailing Address 2031 Palifox Drive		Transaction ID: PR103930805473
City	State	Zip Code
Atlanta	GA	30307-1813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation VP, CFO-BCBSGA	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Charles W Carlson		Date of Receipt M / D / Y
Mailing Address 404 Wild Iris Lane		Transaction ID: PR103930825473
City	State	Zip Code
Powder Springs	GA	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 ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	159.44
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 / 49	
	<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. Susan R Porath		Date of Receipt M / D / Y
Mailing Address 1874 N Hill Ave		Transaction ID: PR103930935473
City Pasadena	State CA	Zip Code 91104-1433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, Corp Risk Control & Assur	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 536.00	

Full Name (Last, First, Middle Initial) B. Carol J Bur		Date of Receipt M / D / Y
Mailing Address 714 Humboldt Street		Transaction ID: PR103930945473
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 (\$100.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Angela F Braly		Date of Receipt M / D / Y
Mailing Address 19 Camswold Dr.		Transaction ID: PR103931015473
City Clayton	State MO	Zip Code 63105-2514
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer BLUE CROSS BLUE SHIELD of MO	Occupation PRES/CEO, BCBSMO	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

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 13 / 49	
	<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		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 822D Rosebury Ave #3E		Transaction ID: PR103931065473
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 ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Danny W Cross		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 21430 Palm Ave		Transaction ID: PR103931135473
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 CIMS	Occupation Staff VP, Sales	P/R Deduction (\$48.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	

Full Name (Last, First, Middle Initial) C. Bruce M Gesser		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 705 Cedar Bluff Ct.		Transaction ID: PR103931185473
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 ▼ 342.00	

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 14 / 49	
	<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		Date of Receipt M / D / Y
Mailing Address 5882 Delor St.		Transaction ID: PR103931185473
City St. Louis	State MO	Zip Code 63109-3107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 66.00
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 ▼ 279.00	

Full Name (Last, First, Middle Initial) B. Kathleen M Zorica, Zorica		Date of Receipt M / D / Y
Mailing Address 12912 Weatherfield		Transaction ID: PR103931185473
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 ▼ 432.00	

Full Name (Last, First, Middle Initial) C. Michael J Brase		Date of Receipt M / D / Y
Mailing Address 4785 Adams Avenue		Transaction ID: PR103931205473
City San Diego	State CA	Zip Code 92115-3218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Medical Director	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	212.00
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 / 49	
	<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. Gary Maienschein		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 3551 Gettysburg Pl.		Transaction ID: PR103931215473
City Jefferson City	State MO	Zip Code 65109-6831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BLUE CROSS BLUE SHIELD of MO	Occupation Dir, State Govt Affairs	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Sandra A Van Trasse, Van Trasse		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 1721 Kenmont		Transaction ID: PR103931245473
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 ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Stuart K Campbell		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 327 Hodencamp Rd, Apt. 96		Transaction ID: PR103931255473
City Thousand Oaks	State CA	Zip Code 91380
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.62
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, Chief of Staff	P/R Deduction (\$192.31 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1259.62	

SUBTOTAL of Receipts This Page (optional)	▶	534.62
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 / 49	
	<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. Mary L Redshaw		Date of Receipt M / D / Y
Mailing Address 1038 Bauer Road		Transaction ID: PR103930255473
City	State	Zip Code
Troy	IL	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 ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Richard R Balsano		Date of Receipt M / D / Y
Mailing Address 133 North Clay Street		Transaction ID: PR103930265473
City	State	Zip Code
Hinsdale	IL	60521-3207
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 Midwest	Occupation VP, Medical Director	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 281.00	

Full Name (Last, First, Middle Initial) C. Donna J DeFrank		Date of Receipt M / D / Y
Mailing Address 195 N. Harbor Dr #1103		Transaction ID: PR103930485473
City	State	Zip Code
Chicago	IL	60601-7520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICARE Health Plans of the Midwest	Occupation VP, Medical Operations Mgmt	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	168.00
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 17 / 49	
	<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		Date of Receipt M / D / Y
Mailing Address 4859 Tam O'Shanter Drive		Transaction ID: PR103930505473
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, Adv, Promo & Direct Mktg	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) B. Hallett L Hall		Date of Receipt M / D / Y
Mailing Address 7777 Farnsworth		Transaction ID: PR103930575473
City Algonac	State MI	Zip Code 48001-3017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 64.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation RVP, Operations	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 309.00	

Full Name (Last, First, Middle Initial) C. Gary M Radtke		Date of Receipt M / D / Y
Mailing Address 218 Spruce Circle		Transaction ID: PR103930595473
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 ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
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 18 / 49	
	(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. Gerard A Brass		Date of Receipt M / D / Y
Mailing Address 3020 Nichols Canyon Road		Transaction ID: PR103930605473
City Los Angeles	State CA	Zip Code 90046-1243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer WELLPOINT DEVELOPMENT CO.- INC.	Occupation VP, Operations-Network Mgmt	P/R Deduction (\$25.00 Bi- Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. David W Fields		Date of Receipt M / D / Y
Mailing Address 15 Chestatee Square Lane		Transaction ID: PR103930665473
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 (\$100.00 Bi- Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) C. S L McCray		Date of Receipt M / D / Y
Mailing Address 137 N. Woodburn Drive		Transaction ID: PR103930705473
City Los Angeles	State CA	Zip Code 90049
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, Specialty Products	P/R Deduction (\$192.30 Bi- Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	

SUBTOTAL of Receipts This Page (optional)	▶	554.60
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 / 40	
	<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. Leslie C Wilson, Wilson		Date of Receipt M / D / Y
Mailing Address 428B Roxbury Street		Transaction ID: PR103930735473
City Simi Valley	State CA	Zip Code 93063-1162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 68.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Information Services	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 278.00	

Full Name (Last, First, Middle Initial) B. Steven D Staples, Staples		Date of Receipt M / D / Y
Mailing Address 130 Allen Wood Rd		Transaction ID: PR103929815473
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 IT Architect II	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 281.00	

Full Name (Last, First, Middle Initial) C. Gloria J Steinhilber, Steinhilber		Date of Receipt M / D / Y
Mailing Address 1900 St. Andrews Way		Transaction ID: PR103929835473
City Phenix City	State AL	Zip Code 36867-7408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation Dir, Client Svcs Operations	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	178.00
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 / 49	
	<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 E Harman Jr.		Date of Receipt M / D / Y
Mailing Address 1958 River Forest Dr		
City Marietta	State GA	Zip Code 30068-1520
FEC ID number of contributing federal political committee. C		Transaction ID: PR103929945473
		Amount of Each Receipt this Period 140.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation VP, Public Affairs	
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. Douglas W Brown		Date of Receipt M / D / Y
Mailing Address 124 Troop Drive		
City Fortson	State GA	Zip Code 31808-4894
FEC ID number of contributing federal political committee. C		Transaction ID: PR103929985473
		Amount of Each Receipt this Period 58.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation VP, Information Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 281.00	P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Ivan J Kernl		Date of Receipt M / D / Y
Mailing Address 281D Forrester Drive		
City Los Angeles	State CA	Zip Code 90064-4882
FEC ID number of contributing federal political committee. C		Transaction ID: PR103930045473
		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 ▼ 675.00	P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	348.00
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 / 49	
	(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. Michael J Belman		Date of Receipt M / D / Y
Mailing Address 10314 Mississippi Avenue		Transaction ID: PR103930095473
City Los Angeles	State CA	Zip Code 90028-6021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation Staff VP, Medical Director	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Joseph L Eckert		Date of Receipt M / D / Y
Mailing Address 5845 Long Grove Dr		Transaction ID: PR103930165473
City Atlanta	State GA	Zip Code 30328-6211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation GM	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Michael A Nameth		Date of Receipt M / D / Y
Mailing Address 23842 Rainbow Crest Drive		Transaction ID: PR103930185473
City Agoura Hills	State CA	Zip Code 91301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer WELLPOINT PHARMACY MGMT, INC.	Occupation GM	P/R Deduction (\$55.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

SUBTOTAL of Receipts This Page (optional)	▶	215.00
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 22 / 49	
	(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 L Stoll, Stoll		Date of Receipt M / D / Y
Mailing Address 354 Kenilworth Ave		Transaction ID: PR103930175473
City Kenilworth	State IL	Zip Code 60043-1157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.00
Name of Employer UNICARE Health Plans of the MW	Occupation VP, Network Development	P/R Deduction (\$48.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	

Full Name (Last, First, Middle Initial) B. Robert W Ebert		Date of Receipt M / D / Y
Mailing Address 114 New Site Road		Transaction ID: PR103930185473
City Hamilton	State GA	Zip Code 31811-4105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation Staff VP, Comp & Priv Off	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Woodrow A Myers, Jr.		Date of Receipt M / D / Y
Mailing Address 4881 Via Andrea		Transaction ID: PR103930195473
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 ▼ 1728.00	

SUBTOTAL of Receipts This Page (optional)	▶	530.00
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 / 49	
	<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. Louise J Short, MD		Date of Receipt * * * * *	
Mailing Address 225 Farmbrooke Court		Transaction ID: PR103929285473	
City Atlanta	State GA	Zip Code 30350-5862	Amount of Each Receipt this Period 58.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$29.00 Bi-Weekly)	
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation Medical Director	Aggregate Year-to-Date ▼ 261.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Alexandra L Marable		Date of Receipt * * * * *	
Mailing Address 2990 Spalding Drive		Transaction ID: PR103929285473	
City Atlanta	State GA	Zip Code 30350-4629	Amount of Each Receipt this Period 48.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$24.00 Bi-Weekly)	
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation Dir, Network Services	Aggregate Year-to-Date ▼ 209.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. John O'Rourke		Date of Receipt * * * * *	
Mailing Address 10 Claychester Drive		Transaction ID: PR103929325473	
City St. Louis	State MO	Zip Code 63131-4007	Amount of Each Receipt this Period 384.60
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)	
Name of Employer BLUE CROSS BLUE SHIELD of MO	Occupation PRES/CEO, Central Region	Aggregate Year-to-Date ▼ 1730.70	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	490.60
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 24 / 49	
	<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		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: PR103929335473
		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 ▼ 360.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Lenora A Holt-Darcy		Date of Receipt M / D / Y
Mailing Address 175 E Delaware Pl #B102		
City Chicago	State IL	Zip Code 60611-7746
FEC ID number of contributing federal political committee. C		Transaction ID: PR103929335473
		Amount of Each Receipt this Period 46.14
Name of Employer UNICARE Health Plans of the Midw	Occupation RVP, Network Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 207.63	P/R Deduction (\$23.07 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Grace L Frith		Date of Receipt M / D / Y
Mailing Address 8229 Woodmark Drive		
City Columbus	State GA	Zip Code 31509-2149
FEC ID number of contributing federal political committee. C		Transaction ID: PR103929415473
		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 ▼ 450.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	226.14
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 25 / 49	
	<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. Jerome Winkelstein, Winkelstein		Date of Receipt M / D / Y
Mailing Address 231 Baybrook Court		
City Lake Sherwood	State CA	Zip Code 91361-5198
FEC ID number of contributing federal political committee. C		Transaction ID: PR103929425473
		Amount of Each Receipt this Period 96.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Actuarial	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 236.00	P/R Deduction (\$48.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. David M 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: PR103929495473
		Amount of Each Receipt this Period 125.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation VP, Sales Development-LGD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Kenneth M Ferber		Date of Receipt M / D / Y
Mailing Address 2940 E. Great Smokey Ct.		
City Thousand Oaks	State CA	Zip Code 91362-5730
FEC ID number of contributing federal political committee. C		Transaction ID: PR103929525473
		Amount of Each Receipt this Period 50.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation Staff VP, Corp Communication	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	271.00
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 26 / 49	
	<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		Date of Receipt M / D / Y
Mailing Address 408 Rock Springs Rd		Transaction ID: PR103929585473
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 Director	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Scott S. Jacobs		Date of Receipt M / D / Y
Mailing Address 56 Mountain View Ter		Transaction ID: PR103929615473
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 ▼ 342.00	

Full Name (Last, First, Middle Initial) C. Richard S. Novak		Date of Receipt M / D / Y
Mailing Address 440 Bircham Way		Transaction ID: PR103929635473
City Roswell	State GA	Zip Code 30075-6807
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 GM	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional)	▶	276.00
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 27 / 49	
	(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		Date of Receipt M / D / Y
Mailing Address 13970 Panay Way, #407		Transaction ID: PR103929645473
City Marina Del Rey	State CA	Zip Code 90292-6103
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 GM	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Dawn J Baslin		Date of Receipt M / D / Y
Mailing Address 20052 Lorne Street		Transaction ID: PR103928825473
City Winnetka	State CA	Zip Code 91306-1929
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation Dir, Accounting Operations	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. James R Pardna		Date of Receipt M / D / Y
Mailing Address 939 Tower Court		Transaction ID: PR10392885473
City Camarillo	State CA	Zip Code 93010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 98.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation GM	P/R Deduction (\$48.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	

SUBTOTAL of Receipts This Page (optional)	▶	208.00
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 28 / 48	
	<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. Alexander R Cunningham		Date of Receipt M / D / Y
Mailing Address 8701 Single Tree Lane		
City Oak Park	State CA	Zip Code 91377
FEC ID number of contributing federal political committee. C		Transaction ID: PR103928895473
		Amount of Each Receipt this Period 75.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Business Dev & Compliance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Lawrence N Kimmelman		Date of Receipt M / D / Y
Mailing Address 2727 Autumn Ridge Dr		
City Thousand Oaks	State CA	Zip Code 91362-4834
FEC ID number of contributing federal political committee. C		Transaction ID: PR103928945473
		Amount of Each Receipt this Period 50.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Account Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. David Colby		Date of Receipt M / D / Y
Mailing Address 200 West Stafford Road		
City Lake Sherwood	State CA	Zip Code 91361-5057
FEC ID number of contributing federal political committee. C		Transaction ID: PR103928975473
		Amount of Each Receipt this Period 384.60
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation EVP, Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	P/R Deduction (\$182.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	509.60
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 28 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Barry G Ford		Date of Receipt M / D / Y
Mailing Address 239D1 Aspen Way		Transaction ID: PR103928985473
City Calabasas	State CA	Zip Code 91302-2385
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Network Management	P/R Deduction (\$27.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

Full Name (Last, First, Middle Initial) B. John S Watts Jr.		Date of Receipt M / D / Y
Mailing Address 225 Eagles Circle		Transaction ID: PR103928985473
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 (\$192.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 522.00	

Full Name (Last, First, Middle Initial) C. Vincent G Mace		Date of Receipt M / D / Y
Mailing Address 9 Greenmeadow Drive		Transaction ID: PR103928985473
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 ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	270.00
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 / 40	
	<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		
City Calabasas	State CA	Zip Code 91302-2819
FEC ID number of contributing federal political committee. C		Transaction ID: PR103929075473
		Amount of Each Receipt this Period 350.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation PRES, SSSSP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	P/R Deduction (\$175.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. William S Igleheart		Date of Receipt M / D / Y
Mailing Address 2395 Kimbrough Court		
City Dunwoody	State GA	Zip Code 30350-5635
FEC ID number of contributing federal political committee. C		Transaction ID: PR103929135473
		Amount of Each Receipt this Period 76.00
Name of Employer BLUE CROSS BLUE SHIELD OF GA	Occupation VP, Agency Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Alice Rosenblatt		Date of Receipt M / D / Y
Mailing Address 594B Annie Oakley Road		
City Hidden Hills	State CA	Zip Code 91302-1258
FEC ID number of contributing federal political committee. C		Transaction ID: PR103928255473
		Amount of Each Receipt this Period 80.00
Name of Employer WELLPOINT DEVELOPMENT CO.-INC.	Occupation EVP, Int PIng/Imp & Chief Act	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$192.30 Bi-Weekly)

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: PAGE 31 / 49	
	(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. Kenneth Zurek		Date of Receipt M / D / Y
Mailing Address 125B Lamont Avenue		Transaction ID: PR103928265473
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 ▼ 432.00	

Full Name (Last, First, Middle Initial) B. Frank L Ebin		Date of Receipt M / D / Y
Mailing Address 1643 Arch Street		Transaction ID: PR103928275473
City Berkeley	State CA	Zip Code 94709-1325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Legal	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. John P Monahan		Date of Receipt M / D / Y
Mailing Address 6373 Kerryhill Court		Transaction ID: PR103928315473
City Agoura Hills	State CA	Zip Code 91301-4118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 148.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, State Sponsored Programs	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 484.00	

SUBTOTAL of Receipts This Page (optional)	▶	294.00
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 / 49	
	<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. Andrew F Morrison		Date of Receipt M / D / Y
Mailing Address 355 Medea Creek Lane		Transaction ID: PR103928345473
City	State	Zip Code
Oak Park	CA	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, Corporate Public Affairs	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Laurence M Rehlauf		Date of Receipt M / D / Y
Mailing Address 25469 Doyle Court		Transaction ID: PR103928615473
City	State	Zip Code
Stevenson Ranch	CA	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 (\$45.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 281.00	

Full Name (Last, First, Middle Initial) C. John T Van Barten		Date of Receipt M / D / Y
Mailing Address 23477 Park Calamba		Transaction ID: PR103928715473
City	State	Zip Code
Calabasas	CA	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 (\$192.30 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	

SUBTOTAL of Receipts This Page (optional)	642.60
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 33 / 49	
	<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. MS Cheryl Noncarow		Date of Receipt M / D / Y
Mailing Address 2712 Arnoldsan Avenue		Transaction ID: PR103927765473
City San Diego	State CA	Zip Code 92122-2110
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 ▼ 342.00	

Full Name (Last, First, Middle Initial) B. Lane C Valpe		Date of Receipt M / D / Y
Mailing Address 544B Forestridge Drive		Transaction ID: PR103927765473
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 ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Leonard D Schaeffer		Date of Receipt M / D / Y
Mailing Address One WellPoint Way		Transaction ID: PR103927815473
City Thousand Oaks	State CA	Zip Code 91380
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 (\$192.30 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	

SUBTOTAL of Receipts This Page (optional)	▶	520.60
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 34 / 49	
	<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. Michael J Lohnberg		Date of Receipt M / D / Y
Mailing Address 29039 Catherwood Court		Transaction ID: PR103927825473
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 ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Robert E Scarlett		Date of Receipt M / D / Y
Mailing Address 2732 Ninth Ave		Transaction ID: PR103927985473
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 (\$38.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. April S Choi		Date of Receipt M / D / Y
Mailing Address 23910 Jensen Dr		Transaction ID: PR103928085473
City West Hills	State CA	Zip Code 91304-3054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Actuarial	P/R Deduction (\$23.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	

SUBTOTAL of Receipts This Page (optional)	▶	168.00
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 35 / 49	
	<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. Denny M Weinberg		Date of Receipt M / D / Y
Mailing Address 251 D Alhambra Court		Transaction ID: PR103928145473
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 ▼ 1730.70	

Full Name (Last, First, Middle Initial) B. Lorraine Sablare		Date of Receipt M / D / Y
Mailing Address 914 Paseo Santa Cruz		Transaction ID: PR103928165473
City Newbury Park	State CA	Zip Code 91320-6777
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 59.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Specialized Networks	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 289.00	

Full Name (Last, First, Middle Initial) C. Jacqueline A Anderson		Date of Receipt M / D / Y
Mailing Address 5779 Willowtree Drive		Transaction ID: PR103927275473
City Agoura	State CA	Zip Code 91301-4417
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, Technical Support Svcs	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	523.60
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 36 / 49	
	<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)
WellPoint Health Networks WELLPAC

Full Name (Last, First, Middle Initial) A. Barbara Lynch		Date of Receipt M / D / Y
Mailing Address 817 Muirfield Avenue #124		Transaction ID: PR103927355473
City Simi Valley	State CA	Zip Code 93065
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, National Accounts	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Rebecca Kapustay		Date of Receipt M / D / Y
Mailing Address 3094 Bayshore Avenue		Transaction ID: PR103927365473
City Ventura	State CA	Zip Code 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 ▼ 1728.00	

Full Name (Last, First, Middle Initial) C. Gregory B Baird		Date of Receipt M / D / Y
Mailing Address 22812 Misty Sea		Transaction ID: PR103927405473
City Laguna Niguel	State CA	Zip Code 92677-1573
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, National Sales/Sales Sup	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional)	519.00
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 37 / 49	
	<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. Scott P Herick		Date of Receipt M / D / Y
Mailing Address 1124 Greenacre Avenue		Transaction ID: PR103927415473
City Los Angeles	State CA	Zip Code 90046-5706
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, Sales & Product Supp/Rptg	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 261.00	

Full Name (Last, First, Middle Initial) B. Max Brown		Date of Receipt M / D / Y
Mailing Address 4514 Rayburn		Transaction ID: PR103927445473
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 ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Pamela D Kehaly		Date of Receipt M / D / Y
Mailing Address 32524 Fallview Road		Transaction ID: PR103927515473
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 ▼ 261.00	

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 38 / 48	
	<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. Ronald R Ragland		Date of Receipt M / D / Y
Mailing Address 4941 Insdale Avenue		
City Los Angeles	State CA	Zip Code 90043-1550
FEC ID number of contributing federal political committee. C		Transaction ID: PR103927525473
		Amount of Each Receipt this Period 76.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Sales Development-LGD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. 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: PR103927535473
		Amount of Each Receipt this Period 200.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, Large Group, BCC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Michael C Higgins		Date of Receipt M / D / Y
Mailing Address 28013 Ellis Court		
City Santa Clarita	State CA	Zip Code 91350-1555
FEC ID number of contributing federal political committee. C		Transaction ID: PR103927555473
		Amount of Each Receipt this Period 92.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation GM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 368.00	P/R Deduction (\$50.00 Bi-Weekly)

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 38 / 48	
	<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 R Safen		Date of Receipt M / D / Y
Mailing Address 4342 Natoma Ave		
City Woodland Hills	State CA	Zip Code 91364-5625
FEC ID number of contributing federal political committee. C		Transaction ID: PR103927625473
		Amount of Each Receipt this Period 50.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Information Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. John Cygal		Date of Receipt M / D / Y
Mailing Address 1629 Castehill Court		
City Westlake Village	State CA	Zip Code 91361-1634
FEC ID number of contributing federal political committee. C		Transaction ID: PR103926885473
		Amount of Each Receipt this Period 135.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Investor Rels/Corp Comm	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. R Kretschmer		Date of Receipt M / D / Y
Mailing Address 952 - 2Nd Street		
City Manhattan Beach	State CA	Zip Code 90268
FEC ID number of contributing federal political committee. C		Transaction ID: PR103926975473
		Amount of Each Receipt this Period 58.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Treasurer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 281.00	P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	243.00
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 40 / 49	
	<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 F Simon		Date of Receipt M / D / Y
Mailing Address 801 Priscilla Lane		
City	State	Zip Code
Burbank	CA	91505
FEC ID number of contributing federal political committee. C		Transaction ID: PR103927025473
		Amount of Each Receipt this Period 58.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation VP, Bus. Continuity & Safety	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 261.00	P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Kandy Wexler		Date of Receipt M / D / Y
Mailing Address 12951 Red Oak Ct		
City	State	Zip Code
Homer Glen	IL	60491
FEC ID number of contributing federal political committee. C		Transaction ID: PR103927035473
		Amount of Each Receipt this Period 76.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation GM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Deborah F Laehman		Date of Receipt M / D / Y
Mailing Address 28885 Via Venezia		
City	State	Zip Code
Malibu	CA	90265-5020
FEC ID number of contributing federal political committee. C		Transaction ID: PR103927125473
		Amount of Each Receipt this Period 200.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation SVP, Indiv & Small Group, BCC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 329.29	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	334.00
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 41 / 49	
	<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 S Helwig		Date of Receipt M / D / Y
Mailing Address 188 Colt Lane		
City Thousand Oaks	State CA	Zip Code 91361-5201
FEC ID number of contributing federal political committee. C		Transaction ID: PR103927175473
		Amount of Each Receipt this Period 110.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation PRES/CEO, BCC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	P/R Deduction (\$192.90 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Thomas C Geizer		Date of Receipt M / D / Y
Mailing Address 827 20Th Street		
City Santa Monica	State CA	Zip Code 90402
FEC ID number of contributing federal political committee. C		Transaction ID: PR104523525473
		Amount of Each Receipt this Period 150.00
Name of Employer BLUE CROSS OF CALIFORNIA	Occupation EVP, General Counsel/Secretary	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	P/R Deduction (\$192.90 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Treay R Nolan		Date of Receipt M / D / Y
Mailing Address 1813 Queensbridge Lane		
City Roanoke	State TX	Zip Code 76262
FEC ID number of contributing federal political committee. C		Transaction ID: PR104523545473
		Amount of Each Receipt this Period 80.00
Name of Employer WELLPOINT PHARMACY MGMT, INC.	Occupation VP, Mail Order Pharmacy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	340.00
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 42 / 49	
	<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. Michael Fulk		Date of Receipt M / D / Y
Mailing Address 10985 Chase Park Lane #D		Transaction ID: PR104523585473
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 ▼ 432.00	

Full Name (Last, First, Middle Initial) B. Donna J Geringer		Date of Receipt M / D / Y
Mailing Address 1321 Wildhorse Meadows		Transaction ID: PR104523585473
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 ▼ 270.00	

Full Name (Last, First, Middle Initial) C. John P Cole		Date of Receipt M / D / Y
Mailing Address 2832 Sagamore Circle		Transaction ID: PR110527735473
City Aurora	State IL	Zip Code 60504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICARE LIFE & HEALTH INS. CO.	Occupation SVP, Sales	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	206.00
TOTAL This Period (last page this line number only)	▶	20289.80

**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 43 / 49			
	<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

A. Friends Of Mary Landrieu Inc			Transaction ID: 14051D17 Date of Disbursement 04 / 01 / 2003		
Mailing Address 650 Poydras St Suite 1434			Amount of Each Disbursement this Period 1000.00		
City New Orleans	State LA	Zip Code 70130			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Mary L. Landrieu					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: LA District 2					

B. Hatch Election Committee			Transaction ID: 14050680 Date of Disbursement 04 / 01 / 2003		
Mailing Address P.O. Box 1480			Amount of Each Disbursement this Period 1000.00		
City Washington	State DC	Zip Code 20013-1480			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Orrin Hatch					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: UT District 1					

C. Anne Northup For Congress			Transaction ID: 14050688 Date of Disbursement 04 / 01 / 2003		
Mailing Address 3340 Lexington Road			Amount of Each Disbursement this Period 1000.00		
City Louisville	State KY	Zip Code 40208			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Anne M. Northup					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: KY District 3					

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
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 44 / 49			
	<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. Nussle for Congress		Transaction ID: 14051018 Date of Disbursement 04 / 01 / 2003	
Mailing Address P.O. Box 324			
City Manchester	State IA	Zip Code 52507	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Jim Nussle			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IA District: 2			

Full Name (Last, First, Middle Initial) B. Nancy Johnson for Congress Committee		Transaction ID: 14051018 Date of Disbursement 04 / 01 / 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: B			

Full Name (Last, First, Middle Initial) C. Health Plan PAC - American Assoc. of Health Plans		Transaction ID: 14050709 Date of Disbursement 04 / 01 / 2003	
Mailing Address 1129 20th Street, NW Suite 600			
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District: D			

SUBTOTAL of Disbursements This Page (optional)	▶	8000.00
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 45 / 49

<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. Issa for Congress		Transaction ID: 14050687 Date of Disbursement 04 / 01 / 2003	
Mailing Address P.O. Box 2776		Amount of Each Disbursement this Period 1000.00	
City Arlington	State VA		Zip Code 22202
Purpose of Disbursement			011 Category/ Type
Candidate Name Darrell Issa			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 48	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Judy Biggert For Congress		Transaction ID: 14050684 Date of Disbursement 04 / 01 / 2003	
Mailing Address P.O. Box 16021		Amount of Each Disbursement this Period 1000.00	
City Alexandria	State VA		Zip Code 22302
Purpose of Disbursement			011 Category/ Type
Candidate Name Judy Biggert			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IL District: 13	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. The Bass Victory Committee		Transaction ID: 14050686 Date of Disbursement 04 / 01 / 2003	
Mailing Address P.O. Box 3451		Amount of Each Disbursement this Period 1000.00	
City Concord	State NH		Zip Code 03302
Purpose of Disbursement			011 Category/ Type
Candidate Name CHARLES BASS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NH District: 2	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
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 46 / 49			
	<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. Peterson For Congress		Transaction ID: 14050685 Date of Disbursement 04 / 01 / 2003	
Mailing Address 26192 Floyd Lake Point Road		Amount of Each Disbursement this Period 1000.00	
City Detroit Lakes	State MN	Zip Code 56501	011 Category/ Type
Purpose of Disbursement			
Candidate Name Collin C. Peterson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MN	District: 7		

Full Name (Last, First, Middle Initial) B. Campbell for Colorado		Transaction ID: 14050710 Date of Disbursement 04 / 01 / 2003	
Mailing Address 6950 East Bellview Avenue		Amount of Each Disbursement this Period 1000.00	
City Greenwood	State CO	Zip Code 80111	011 Category/ Type
Purpose of Disbursement			
Candidate Name Ben Nighthorse Campbell			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CO	District: D		

Full Name (Last, First, Middle Initial) C. Bennett Election Committee Inc		Transaction ID: 14051010 Date of Disbursement 04 / 01 / 2003	
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 1000.00	
City Salt Lake City	State UT	Zip Code 84101	011 Category/ Type
Purpose of Disbursement			
Candidate Name Sen. Robert Bennett			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: UT	District: 2		

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
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 47 / 49			
	<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. Friends Of Chris Dodd 2004			Transaction ID: 14401131 Date of Disbursement 04 / 11 / 2003		
Mailing Address PO Box 270701			Amount of Each Disbursement this Period 2000.00		
City West Hartford	State CT	Zip Code 06127			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Sen. Christopher Dodd					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: CT District 1					

Full Name (Last, First, Middle Initial) B. Georgians for Isakson			Transaction ID: 14401237 Date of Disbursement 04 / 14 / 2003		
Mailing Address P.O. Box 71955			Amount of Each Disbursement this Period 2500.00		
City Marietta	State GA	Zip Code 30007			
Purpose of Disbursement		011 Category/ Type			
Candidate Name John Hardy Isakson					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: GA District D					

Full Name (Last, First, Middle Initial) C. Grassley Committee			Transaction ID: 14416950 Date of Disbursement 04 / 16 / 2003		
Mailing Address PO Box 1000			Amount of Each Disbursement this Period 5000.00		
City Des Moines	State IA	Zip Code 50304			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Sen. Charles Grassley					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: IA District 1					

SUBTOTAL of Disbursements This Page (optional)	▶	9500.00
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 48 / 49

<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. Grassley Committee		Transaction ID: 14416951 Date of Disbursement 04 / 16 / 2003
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 5000.00
City Des Moines	State IA	
Zip Code 50304		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Charles Grassley		
Office Sought: House X Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼	
State: IA	District: 1	

SUBTOTAL of Disbursements This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	31500.00

