

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		93752.93
(b) Cash on Hand at Beginning of Reporting Period.....	93752.93	
(c) Total Receipts (from Line 19)	67889.98	67889.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	161642.91	161642.91
7. Total Disbursements (from Line 31).....	39420.48	39420.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	122222.43	122222.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	48293.86	48293.86
(ii) Unitemized	19596.12	19596.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	67889.98	67889.98
(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)	67889.98	67889.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	67889.98	67889.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	67889.98	67889.98

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39300.00	39300.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	120.48	120.48
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39420.48	39420.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39420.48	39420.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	67889.98	67889.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	67889.98	67889.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 52
	(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)
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Salim Alama		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11Al.14284
Mailing Address Employee# xx6125 50 Beale Street		Amount of Each Receipt this Period 650.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Dennis Alva		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11Al.14285
Mailing Address emp xx9311 50 Beale Street		Amount of Each Receipt this Period 296.03
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$22.73
Name of Employer Blue Shield of California	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 296.03	

Full Name (Last, First, Middle Initial) C. Cyrus J Aram		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11Al.14287
Mailing Address Employee# xx8445 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	1271.03
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David A Arnold Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx4648
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14288
 Amount of Each Receipt this Period
 270.00
 Payroll contribution per cycle \$45.00

B. Terri J. Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx1950, 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14289
 Amount of Each Receipt this Period
 286.00
 Payroll contribution per cycle \$22.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14290
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....▶	881.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Tanya Ballow
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx8347
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.50
 Date of Receipt 06 / 28 / 2013
Transaction ID : SA11AI.14291
 Amount of Each Receipt this Period 292.50
 Payroll contribution per cycle \$22.50

B. Tracy Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx2076
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00
 Date of Receipt 06 / 28 / 2013
Transaction ID : SA11AI.14295
 Amount of Each Receipt this Period 520.00
 Payroll contribution per cycle \$40.00

C. Earl W. Barron III
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx6501
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00
 Date of Receipt 06 / 28 / 2013
Transaction ID : SA11AI.14296
 Amount of Each Receipt this Period 325.00
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1137.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Margaret Beed		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14299
Mailing Address Employee# xx8615 50 Beale Street		Amount of Each Receipt this Period 260.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20.00
Name of Employer Blue Shield of CA	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Melinda Bergstrom		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14301
Mailing Address Employee# xx2057 50 Beale Street		Amount of Each Receipt this Period 260.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$20.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Michael Beuoy		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14302
Mailing Address Employee# 5248 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Vivek Bhatia
Full Name (Last, First, Middle Initial)

Mailing Address emp xx3173
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14304

Amount of Each Receipt this Period
315.00

Payroll contribution per cycle \$35.00

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

Mailing Address emp xx2060
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14310

Amount of Each Receipt this Period
260.00

Payroll contribution per cycle \$20.00

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

Mailing Address emp xx6076
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14311

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address emp xx4076, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Cross Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14313

Amount of Each Receipt this Period
585.00

Payroll contribution per cycle \$45.00

B. Sharon Brown
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx5991
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14314

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

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

Mailing Address emp xx9004, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **406.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14315

Amount of Each Receipt this Period
406.68

Payroll contribution per cycle \$31.64

SUBTOTAL of Receipts This Page (optional)..... ▶ **1316.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael-Anne Browne
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx1514
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14316
 Amount of Each Receipt this Period
 351.00
 Payroll contribution per cycle \$27.00

B. Andrew Chasin
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx8020
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14327
 Amount of Each Receipt this Period
 585.00
 Payroll contribution per cycle \$45.00

C. Wanda Cole-Frieman
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# 7249
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14333
 Amount of Each Receipt this Period
 260.00
 Payroll contribution per cycle \$20.00

SUBTOTAL of Receipts This Page (optional).....▶	1196.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ann DeRose
Full Name (Last, First, Middle Initial)

Mailing Address emp xx3203
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
292.50

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14343

Amount of Each Receipt this Period
292.50

Payroll contribution per cycle \$22.50

B. Rajkumar Dharmer
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8261
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14344

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

C. Lisa Diamond
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8612
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14345

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 942.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Edward A Diver		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14347
Mailing Address Employee# xx8790 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Linda Dowsett		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14349
Mailing Address Emp xx4382 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Jacqueline Ejuwa		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14351
Mailing Address Employee #xx3113 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	975.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Thomas Epstein		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14353
Mailing Address emp xx0249 50 Beale Street		Amount of Each Receipt this Period 1040.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$80.00
Name of Employer Blue Shield of California	Occupation Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) B. Jacqueline Espinoza		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14354
Mailing Address emp xx5623 50 Beale Street		Amount of Each Receipt this Period 416.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$32.00
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

Full Name (Last, First, Middle Initial) C. Joni Fahey		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14356
Mailing Address Employee# xx7588 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	1781.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Kathryn M. Ferguson		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14357
Mailing Address emp xx2319 50 Beale Street		Amount of Each Receipt this Period 221.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	
		Payroll contribution per cycle \$17.00

Full Name (Last, First, Middle Initial) B. Mark Finch		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14359
Mailing Address Employee #xx7875 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
		Payroll contribution per cycle \$25.00

Full Name (Last, First, Middle Initial) C. William B Foderaro		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14361
Mailing Address Employee# xx8424 50 Beale Street		Amount of Each Receipt this Period 400.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
		Payroll contribution per cycle \$50.00

SUBTOTAL of Receipts This Page (optional).....▶	946.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address emp xx2239
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.45

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14362

Amount of Each Receipt this Period
223.45

Payroll contribution per cycle \$17.37

B. Aubrey L Ford
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx6563
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
545.02

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14364

Amount of Each Receipt this Period
545.02

Payroll contribution per cycle \$42.18

C. Dawn Fortino
Full Name (Last, First, Middle Initial)

Mailing Address Employee# xx8687
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14365

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1093.47

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Nicole R Fosdick		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14366
Mailing Address Employee# xx7380 50 Beale Street		Amount of Each Receipt this Period 260.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Devin Gensch		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14368
Mailing Address emp xx4081 50 Beale Street		Amount of Each Receipt this Period 364.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$28.00	
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00	

Full Name (Last, First, Middle Initial) C. Robert Geyer		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14369
Mailing Address emp xx2026 50 Beale Street		Amount of Each Receipt this Period 1300.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$100.00	
Name of Employer Blue Shield of California	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1924.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Diana G Gibson Pace
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx0252
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 06 / 28 / 2013
Transaction ID : SA11AI.14370
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

B. Thomas Giles
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx6254
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 06 / 28 / 2013
Transaction ID : SA11AI.14373
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

C. Ketan Gima
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx2246
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 06 / 28 / 2013
Transaction ID : SA11AI.14374
 Amount of Each Receipt this Period
 975.00
 Payroll contribution per cycle \$75.00

SUBTOTAL of Receipts This Page (optional).....▶ 1625.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Christopher Gorecki		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14377
Mailing Address emp xx5257 50 Beale Street		Amount of Each Receipt this Period 260.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
		Payroll contribution per cycle \$20.00

Full Name (Last, First, Middle Initial) B. Douglas Grant		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14380
Mailing Address emp xx7417 50 Beale Street		Amount of Each Receipt this Period 260.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
		Payroll contribution per cycle \$20.00

Full Name (Last, First, Middle Initial) c. Christy Gregg		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14381
Mailing Address emp xx2233 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
		Payroll contribution per cycle \$25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Heather Hawker		Date of Receipt
Mailing Address emp xx3628, 50 Beale Street		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Francisco	CA	94105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Blue Shield	Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	
		Transaction ID : SA11AI.14389
		Amount of Each Receipt this Period
		<input type="text" value="325.00"/>
		Payroll contribution per cycle \$25.00

Full Name (Last, First, Middle Initial) B. Michelle M Hawkins		Date of Receipt
Mailing Address Employee# xx4936 50 Beale Street		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Francisco	CA	94105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Blue Shield of CA	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	
		Transaction ID : SA11AI.14390
		Amount of Each Receipt this Period
		<input type="text" value="325.00"/>
		Payroll contribution per cycle \$25.00

Full Name (Last, First, Middle Initial) C. John Hedberg		Date of Receipt
Mailing Address Employee #xx7678 50 Beale Street		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Francisco	CA	94105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Blue Shield of CA	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	
		Transaction ID : SA11AI.14393
		Amount of Each Receipt this Period
		<input type="text" value="325.00"/>
		Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="975.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher Henchey		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14394
Mailing Address Employee# xx0540 50 Beale Street		Amount of Each Receipt this Period 650.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
		Payroll contribution per cycle \$50.00

Full Name (Last, First, Middle Initial) B. Jeffrey Hermosillo		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14395
Mailing Address emp xx4845 50 Beale Street		Amount of Each Receipt this Period 292.50
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	
		Payroll contribution per cycle \$22.50

Full Name (Last, First, Middle Initial) C. Gary R Herzberg		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14396
Mailing Address Employee# xx0509 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Medical Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
		Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....▶	1267.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Larry Hilty		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14398
Mailing Address emp xx9314 50 Beale Street		Amount of Each Receipt this Period 390.00 Payroll contribution per cycle \$30.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 390.00
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Louis Hirsh		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14400
Mailing Address emp xx9409 50 Beale Street		Amount of Each Receipt this Period 292.50 Payroll contribution per cycle \$22.50
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 292.50
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brent Hitchings		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14403
Mailing Address emp xx5569 50 Beale Street		Amount of Each Receipt this Period 585.00 Payroll contribution per cycle \$45.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 585.00
Name of Employer Blue Shield of California	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1267.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jennifer Hobart
Full Name (Last, First, Middle Initial)

Mailing Address Employee #xx6684
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14404

Amount of Each Receipt this Period
520.00

Payroll contribution per cycle \$40.00

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

Mailing Address Employee #xx7017
50 Beale St.,

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14406

Amount of Each Receipt this Period
390.00

Payroll contribution per cycle \$30.00

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

Mailing Address emp xx6615
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of Callifornia Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
292.50

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14408

Amount of Each Receipt this Period
292.50

Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1202.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address Employee #xx6366
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11Al.14410

Amount of Each Receipt this Period
390.00

Payroll contribution per cycle \$30.00

B. Marianne Jackson
Full Name (Last, First, Middle Initial)

Mailing Address emp xx2372
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11Al.14417

Amount of Each Receipt this Period
1040.00

Payroll contribution per cycle \$80.00

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

Mailing Address emp xx6574
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Sr. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11Al.14418

Amount of Each Receipt this Period
455.00

Payroll contribution per cycle \$35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1885.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Lorie Johns		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14421
Mailing Address Employee #xx5447 50 Beale St.,		Amount of Each Receipt this Period 292.50
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$22.50
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

Full Name (Last, First, Middle Initial) B. Michael Johnson		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14423
Mailing Address emp xx1769 50 Beale Street		Amount of Each Receipt this Period 390.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$30.00
Name of Employer Blue Shield of California	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Pradip Khemani		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14429
Mailing Address Employee #xx7222 50 Beale St.,		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$25.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	1007.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Andrew Kiefer
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx8277
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14431
 Amount of Each Receipt this Period
 390.00
 Payroll contribution per cycle \$30.00

B. Keith Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx5487
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14432
 Amount of Each Receipt this Period
 455.00
 Payroll contribution per cycle \$35.00

C. Gretchen M Lachance
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx8734
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14441
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional).....▶	1170.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ellen Lee
Full Name (Last, First, Middle Initial)
Mailing Address emp xx4606, 50 Beale Street
City San Francisco State CA Zip Code 94105
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Shield Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 221.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2013
Transaction ID : SA11AI.14446
Amount of Each Receipt this Period
221.00
Payroll contribution per cycle \$17.00

B. Laura Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 50 Beale Street employee #xx2384
City San Francisco State CA Zip Code 94105
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Shield of California Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 292.50

Date of Receipt
MM / DD / YYYY
06 / 28 / 2013
Transaction ID : SA11AI.14449
Amount of Each Receipt this Period
292.50
Payroll contribution per cycle \$22.50

C. Ruth Liu
Full Name (Last, First, Middle Initial)
Mailing Address Employee# xx8903 50 Beale Street
City San Francisco State CA Zip Code 94105
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Shield of CA Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2013
Transaction ID : SA11AI.14453
Amount of Each Receipt this Period
325.00
Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 838.50
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address emp xx5859
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
292.50

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14454

Amount of Each Receipt this Period
292.50

Payroll contribution per cycle \$22.50

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

Mailing Address Employee# xx8386
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14458

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

C. Kathleen Lynaugh
Full Name (Last, First, Middle Initial)

Mailing Address emp xx9411
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14459

Amount of Each Receipt this Period
455.00

Payroll contribution per cycle \$35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1072.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address Employee# xx8387
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14460

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

B. Paul Markovich
Full Name (Last, First, Middle Initial)

Mailing Address emp xx6510
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1066.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14463

Amount of Each Receipt this Period
1066.00

Payroll contribution per cycle \$82.00

C. Thomas McCaffery
Full Name (Last, First, Middle Initial)

Mailing Address emp xx5792
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14466

Amount of Each Receipt this Period
390.00

Payroll contribution per cycle \$30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1781.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jessica A McCarthy		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14467
Mailing Address Employee# xx7123 50 Beale Street		Amount of Each Receipt this Period 366.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$40.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00	

Full Name (Last, First, Middle Initial) B. Catherine McGee		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14469
Mailing Address Employee #xx7004 50 Beale St.,		Amount of Each Receipt this Period 300.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. William McQueen		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14471
Mailing Address Employee #xx5076 50 Beale St.,		Amount of Each Receipt this Period 250.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$30.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	916.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Andrea Minarcin		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14475
Mailing Address 50 Beale Street employee #xx4753		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield of California	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Kristen Miranda		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14476
Mailing Address emp xx3904, 50 Beale Street		Amount of Each Receipt this Period 520.00 Payroll contribution per cycle \$40.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Cathleen Murphy		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14478
Mailing Address emp xx3067, 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Shield	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	1170.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jon Murphy
Full Name (Last, First, Middle Initial)

Mailing Address emp xx2151
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.74

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14479

Amount of Each Receipt this Period
252.74

Payroll contribution per cycle \$19.62

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

Mailing Address Employee# xx1032
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14480

Amount of Each Receipt this Period
300.00

Payroll contribution per cycle \$50.00

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

Mailing Address Employee# xx8459
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14489

Amount of Each Receipt this Period
325.00

Payroll contribution per cycle \$25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 877.74

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Armine Papouchian-Kulinski
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx5680
 50 Beale St.,
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14494
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

B. Paul Poon
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx6412
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14502
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

C. Harry Potter
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee #xx7732
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 427.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14503
 Amount of Each Receipt this Period
 427.91
 Payroll contribution per cycle \$72.73

SUBTOTAL of Receipts This Page (optional).....▶	1077.91
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Alice Raia		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14507
Mailing Address Employee# xx7898 50 Beale Street		Amount of Each Receipt this Period 520.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$40.00	
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. Brett Robinson		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14518
Mailing Address Employee #xx7680 50 Beale Street		Amount of Each Receipt this Period 260.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20.00	
Name of Employer Blue Shield of CA	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Norvita Robinson		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14519
Mailing Address emp xx1723, 50 Beale Street		Amount of Each Receipt this Period 325.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.00	
Name of Employer Blue Shield	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	1105.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14523
 Amount of Each Receipt this Period
 260.00
 Payroll contribution per cycle \$20.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14528
 Amount of Each Receipt this Period
 260.00
 Payroll contribution per cycle \$20.00

C. Gary Sears
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx7666 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14529
 Amount of Each Receipt this Period
 325.00
 Payroll contribution per cycle \$25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Michelle Y Shih		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14535
Mailing Address Employee# xx6919 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00
Name of Employer Blue Shield of CA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen Shivinsky		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14536
Mailing Address Employee# xx8369 50 Beale Street		Amount of Each Receipt this Period 520.00 Payroll contribution per cycle \$40.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 520.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michelle A Simpson		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14538
Mailing Address Employee# xx7706 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00
Name of Employer Blue Shield of CA	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1170.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Deborah Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14539
 Amount of Each Receipt this Period
 214.50
 Payroll contribution per cycle \$16.50

B. Jeffrey Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx7922
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14540
 Amount of Each Receipt this Period
 260.00
 Payroll contribution per cycle \$20.00

C. Gilbert Solomon
 Full Name (Last, First, Middle Initial)
 Mailing Address emp xx1700
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14541
 Amount of Each Receipt this Period
 500.50
 Payroll contribution per cycle \$38.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 975.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gregory Spear		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14545
Mailing Address Employee# xx8815 50 Beale Street		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Robert Spector		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14546
Mailing Address emp xx4420, 50 Beale Street		Amount of Each Receipt this Period 629.61 Payroll contribution per cycle \$48.69
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 629.61	

Full Name (Last, First, Middle Initial) C. Nancy Stalker		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14550
Mailing Address emp xx6479 50 Beale Street		Amount of Each Receipt this Period 520.00 Payroll contribution per cycle \$40.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional).....▶	1474.61
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 50 Beale St

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of CA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14553

Amount of Each Receipt this Period
390.00

Payroll contribution per cycle \$30.00

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

Mailing Address 50 Beale Street
employee #xx5599

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14555

Amount of Each Receipt this Period
318.50

Payroll contribution per cycle \$24.50

C. Preddis Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address emp xx5476
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.14556

Amount of Each Receipt this Period
520.00

Payroll contribution per cycle \$40.00

SUBTOTAL of Receipts This Page (optional).....▶	1228.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Yvonne Tatsuno		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14558
Mailing Address Employee #xx6843 50 Beale St., City San Francisco State CA Zip Code 94105		Amount of Each Receipt this Period 292.50 Payroll contribution per cycle \$22.50
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

Full Name (Last, First, Middle Initial) B. Eric Terndrup		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14560
Mailing Address emp xx4199 50 Beale St. City San Francisco State CA Zip Code 94105		Amount of Each Receipt this Period 425.42 Payroll contribution per cycle \$33.02
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.42	

Full Name (Last, First, Middle Initial) C. Nels M Thygeson		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14563
Mailing Address Employee# xx8616 50 Beale Street City San Francisco State CA Zip Code 94105		Amount of Each Receipt this Period 585.00 Payroll contribution per cycle \$45.00
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

SUBTOTAL of Receipts This Page (optional).....▶	1302.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address emp x8560
50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield of California Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14572

Amount of Each Receipt this Period
350.00

Payroll contribution per cycle \$35.00

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

Mailing Address emp xx3379, 50 Beale Street

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14576

Amount of Each Receipt this Period
260.00

Payroll contribution per cycle \$20.00

C. Mark Weideman
Full Name (Last, First, Middle Initial)

Mailing Address emp xx4691
50 Beale St

City San Francisco State CA Zip Code 94105

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

Name of Employer Blue Shield Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
910.00

Date of Receipt
06 / 28 / 2013
Transaction ID : SA11AI.14578

Amount of Each Receipt this Period
910.00

Payroll contribution per cycle \$70.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1520.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jayne Whitelaw		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14581
Mailing Address Employee #xx5978 50 Beale St.,		Amount of Each Receipt this Period 325.00 Payroll contribution per cycle \$25.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of CA	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Noel Whitman		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14582
Mailing Address 50 Beale Street employee # xx4963		Amount of Each Receipt this Period 292.50 Payroll contribution per cycle \$22.50
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield fo California	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

Full Name (Last, First, Middle Initial) C. Ms Janet D. Widmann		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 Transaction ID : SA11AI.14583
Mailing Address emp xx1756 50 Beale Street		Amount of Each Receipt this Period 975.00 Payroll contribution per cycle \$75.00
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C	Name of Employer Blue Shield of California	Occupation Sr. VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

SUBTOTAL of Receipts This Page (optional).....▶	1592.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ira Wing
 Full Name (Last, First, Middle Initial)
 Mailing Address Employee# xx2918
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of CA Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt
 06 / 28 / 2013
Transaction ID : SA11AI.14587
 Amount of Each Receipt this Period
260.00
 Payroll contribution per cycle \$20.00

B. Amy Yao
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Beale Street
 employee# xx5363
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **390.00**

Date of Receipt
 06 / 28 / 2013
Transaction ID : SA11AI.14591
 Amount of Each Receipt this Period
390.00
 Payroll contribution per cycle \$30.00

C. John Yao
 Full Name (Last, First, Middle Initial)
 Mailing Address emp 11926
 50 Beale Street
 City San Francisco State CA Zip Code 94105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Shield of California Occupation Senior Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **292.50**

Date of Receipt
 06 / 28 / 2013
Transaction ID : SA11AI.14592
 Amount of Each Receipt this Period
292.50
 Payroll contribution per cycle \$22.50

SUBTOTAL of Receipts This Page (optional).....	942.50
TOTAL This Period (last page this line number only).....	48293.86

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CHRIS COONS FOR DELAWARE

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement
2013 Primary

Candidate Name
CHRIS COONS FOR DELAWARE

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: DE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2013

Transaction ID : **SB23.14602**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC CONG. CAMPAIGN COMM.

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
2013 Contribution

Candidate Name
DEMOCRATIC CONG. CAMPAIGN COMM.

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: DC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		24		2013

Transaction ID : **SB23.14617**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SEN. CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
2013 Contribution

Candidate Name
DEMOCRATIC SEN. CAMPAIGN COMMITTEE

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: DC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		24		2013

Transaction ID : **SB23.14616**

Amount of Each Disbursement this Period

5000.00

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DICK DURBIN

Mailing Address PO BOX 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement
2013 Primary

Candidate Name
FRIENDS OF DICK DURBIN

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: IL District: 00

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2013

Transaction ID : **SB23.14600**

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF FARR

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2013 Primary

Candidate Name
FRIENDS OF FARR

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: CA District: 17

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2013

Transaction ID : **SB23.14599**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAX BAUCUS

Mailing Address 818 Connecticut Avenue, NW
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement
Return of Contribution check

Candidate Name
FRIENDS OF MAX BAUCUS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MT District: 00

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2013

Transaction ID : **SB23.14624**

Amount of Each Disbursement this Period

-2000.00

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

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

1600.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. HAGAN FOR US SENATE INC

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement
2013 Primary

Candidate Name
HAGAN FOR US SENATE INC

Office Sought: House Senate President
Disbursement For: 2013 Primary General
 Other (specify) ▼
State: NC District: 00

Date of Disbursement

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

Transaction ID : SB23.14611

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. JACKIE SPEIER FOR CONGRESS

Mailing Address PO BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement
2013 Primary

Candidate Name
JACKIE SPEIER FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2013 Primary General
 Other (specify) ▼
State: CA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	3

Transaction ID : SB23.14605

Amount of Each Disbursement this Period

2	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. JEFF MERKLEY FOR OREGON

Mailing Address 2236 SE 10TH AVE

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement
2013 Primary

Candidate Name
JEFF MERKLEY FOR OREGON

Office Sought: House Senate President
Disbursement For: 2013 Primary General
 Other (specify) ▼
State: OR District: 00

Date of Disbursement

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

Transaction ID : SB23.14615

Amount of Each Disbursement this Period

2	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	2	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

6	2	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. LEADERSHIP OF TODAY AND TOMORROW

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2013

Mailing Address 607 14th Street, NW
Suite 800

Transaction ID : SB23.14603

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2013 Primary

--

Candidate Name

LEADERSHIP OF TODAY AND TOMORROW

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. MATSUI FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2013

Mailing Address PO BOX 1738

Transaction ID : SB23.14598

City SACRAMENTO State CA Zip Code 95812

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2013 Primary

--

Candidate Name

MATSUI FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: CA District: 05

Full Name (Last, First, Middle Initial)

C. MCCONNELL SENATE COMMITTEE '14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2013

Mailing Address PO BOX 1496

Transaction ID : SB23.14619

City LOUISVILLE State KY Zip Code 40201

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2013 Primary

--

Candidate Name

MCCONNELL SENATE COMMITTEE '14

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: KY District: 00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SHERMAN FOR CONGRESS

Mailing Address 4570 Van Nuys Blvd., #270

City Sherman State CA Zip Code 91403

Purpose of Disbursement
2013 Primary

Candidate Name
SHERMAN FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: CA District: 27

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2013

Transaction ID : **SB23.14618**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SOLIDARITY PAC

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

City Washington State DC Zip Code 20005

Purpose of Disbursement
2013 Contribution

Candidate Name
SOLIDARITY PAC

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2013

Transaction ID : **SB23.14608**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SWALWELL FOR CONGRESS

Mailing Address P.O. BOX 2847

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement
2013 Primary

Candidate Name
SWALWELL FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: CA District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2013

Transaction ID : **SB23.14606**

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
2013 Primary

Candidate Name
TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2013

Transaction ID : SB23.14613

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

1000.00

39300.00
