PAGE 1 / 29

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office U	Jse Only	
	NAME (COMMI	OF ITEE (in full)	TYPE OF	R PRINT ▼		ample: If typi er the lines.	ng, type	12FE	4M5		
HE	ALTHY	GOVERNMEN		TEE-THE POL	ITICAL A	CTION COM	MMITTEE O	F BLUE	CROSS &	BLUE SHIELD (OF
ADD	RESS (r	number and street)	P.O. B	OX 13466							
T	Che	eck if different									
Н	thai rep	n previously orted. (ACC)	PHOE	NIX				AZ	8500	2	
2.	FEC ID	ENTIFICATION I	NUMBER '	_	CITY 🛦		5	STATE A		ZIP CODE ▲	
	С	C00215202		3.	IS THIS REPORT		NEW (N) OR	×	AMENDED (A)		
	TYPE (Choose	OF REPORT	R	onthly peport ue On:	eb 20 (M2)	May 20 (M5)		Aug 20 (M8)	Nov 20 (Non-Elec Year Only	tiòn ')
	(a) Qua	arterly Reports:	Mar 20 (M3) Jun 20 (M6) Sep 20					Sep 20 (M9)	Dec 20 (Non-Elec Year Only	tion	
	П	April 15 Quarterly Report	(01)		Apr 20 (M4)		Jul 20 (M7)	_Ц	Oct 20 (M10)) Jan 31	(YE)
	×	July 15 Quarterly Report	(6)	12-Day PRE-Election Report for the		Primary (12F		1	eral (12G) cial (12S)	Runoff (12R)
		October 15 Quarterly Report	(Q3)	rieport for the	ш	Convention	(120)	Оре	Ciai (123)		
		January 31 Year-End Report	(YE)	Ele	ction on	M = M /	D D /	Y Y Y	Y	in the State of	
		July 31 Mid-Year Report (Non-elect Year Only) (MY)	tion (d)	30-Day POST-Election Report for the		General (300	G)	Run	off (30R)	Special	(30S)
		Termination Repo (TER)	rt	•	ction on	M = M /	D = D /	Y Y Y Y	Y	in the State of	
5.	Covering	g Period M	04 / D	01 201	8	through	M M M	30		018	
	-	I have examined t Name of Treasu	Ragar	and to the best	of my kno	owledge and	belief it is tru	e, correc	t and comple	ete.	
,,,											
Sign	ature of	Treasurer Ra	gan, Ashley, ,	,		[Electronicall	y Filed] D	ate	09 / 10	2018	Y
NOT	E: Subm	ission of false, erro	oneous, or i	ncomplete informa	ation may s	ubject the per	son signing th	is Report	to the penal	ties of 52 U.S.C. §	30109
l	U	fice se nly								C FORM 3X Rev. 05/2016	[

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF 04 01 2018 06 30 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 36951.95 January 1. 2018 (b) Cash on Hand at 30986.95 Beginning of Reporting Period..... 8322.00 16057.00 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 53008.95 39308.95 6(a) and 6(c) for Column B)..... 7500.00 21200.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 31808.95 31808.95 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

R	eport Covering the Period: From:		06 30 2018
	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)	2556.00	3398.00
	(ii) Unitemized	5766.00	12659.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	8322.00	16057.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	8322.00	16057.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))▶	8322.00	16057.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	8322.00	16057.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

Total This Period 0.00	Calendar Year-to-Date
0.00	0.00
	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
5000.00	7000.00
0.00	0.00
0.00	0.00
4 4	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
2500.00	14200.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
7500.00	21200.00
7500.00	21200.00
	5000.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

ursements Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8322.00	16057.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8322.00	16057.00
66. 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
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the

F	FOR LINE NUMBER:							6	OF	29
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

Detailed Summary Page 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) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Allen, Janet Michelle, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City Zip Code State Transaction ID: SA11AI.5104 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 42.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Arizona, Inc Compensation/HR Projects Mgr. Receipt For: Aggregate Year-to-Date ▼ Primary General 378.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Allen, Janet Michelle, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City State Zip Code Transaction ID: SA11AI.4644 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Arizona, Inc. Compensation/HR Projects Mgr. Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Allen, Janet Michelle, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 17 2018 City State Zip Code Transaction ID: SA11AI.4735 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Arizona, Inc Compensation/HR Projects Mgr. Receipt For: Aggregate Year-to-Date ▼ Primary General 462.00 Other (specify) 126.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

29 FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Araiza, Teresa M,,, Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City Zip Code State Transaction ID: SA11AI.5105 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director, Claims Regional Office Blue Cross Blue Shield of Arizona. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Araiza, Teresa M, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City State Zip Code Transaction ID: SA11AI.4645 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Arizona, Inc. Director, Claims Regional Office Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Araiza, Teresa M, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 17 2018 City State Zip Code Transaction ID: SA11AI.4736 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Arizona, Inc Director, Claims Regional Office Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

29

Detailed Summary Page 13 14 15 16 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) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Arthur, William D,,,, Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City Zip Code State Transaction ID: SA11AI.5106 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V. P. Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Arthur, William D, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City State Zip Code Transaction ID: SA11AI.4646 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V. P. Finance Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Arthur, William D, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 17 2018 City State Zip Code Transaction ID: SA11AI.4737 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V. P. Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) HEALTHY GOVERNMENT COMMITT OF	EE-THE PO	LITICAL ACTION COMMITT	EE OF BLUE CROSS & BLUE SHIELD
Full Name of Individual (Last, First, Middle II A. Arvin, Michael, , , Mailing Address 2444 W. Las Palmaritas Driv City Phoenix		Zip Code 85021	Date of Receipt 05 20 2018 Transaction ID : SA11AI.5107 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify) ▼	Aggregate	upation (for Individual) r- Cloud Services Year-to-Date ▼ 270.00	Memo Item
Full Name of Individual (Last, First, Middle III Arvin, Michael, , , Mailing Address 2444 W. Las Palmaritas Driv City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify) ▼	State AZ C Occ Mg	Zip Code 85021 Supation (for Individual) r- Cloud Services Year-to-Date ▼ 300.00	Date of Receipt M M M M M M M M M M M M M M M M M M M
Full Name of Individual (Last, First, Middle In Arvin, Michael, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify)	State AZ C Occ Mgr	Zip Code 85021 upation (for Individual) - Cloud Services Year-to-Date ▼ 330.00	Date of Receipt M M M / D D D / 2018 Transaction ID: SA11AI.4738 Amount of Each Receipt this Period 30.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		>	90.00
TOTAL This Period (last page this line number	r only)	·····	

FOR LINE NUMBER: PAGE (check only one) **X** 11a 11b 11c

10 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Aspery, Daniel P, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City Zip Code State Transaction ID: SA11AI.4739 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Corp Medical Dir-Clinical Ops Blue Cross Blue Shield of AZ Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Brutlag, James A, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City State Zip Code Transaction ID: SA11AI.5115 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Arizona, Inc. V.P. Underwriting & Actuarial Services Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brutlag, James A, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 03 2018 City State Zip Code Transaction ID: SA11AI.4655 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Arizona, Inc V.P. Underwriting & Actuarial Services Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

29 FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brutlag, James A, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City Zip Code State Transaction ID: SA11AI.4746 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) V.P. Underwriting & Actuarial Services Blue Cross Blue Shield of Arizona. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Chandler, Helen J, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City State Zip Code Transaction ID: SA11AI.5119 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ Sr. V.P. Chief Service Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Chandler, Helen J, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 03 2018 City State Zip Code Transaction ID: SA11AI.4659 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ Sr. V.P. Chief Service Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

29 FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 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) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Chandler, Helen J, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City Zip Code State Transaction ID: SA11AI.4750 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ Sr. V.P. Chief Service Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coor, Lattie, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Dr. 04 2018 City State Zip Code Transaction ID: SA11AI.5002 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ **Board Member** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Halvorson, Audrey Lynn, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 20 2018 City State Zip Code Transaction ID: SA11AI.5135 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V.P. - Actrl Svcs/Healthcare Econ Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional).....

7

29 FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 13 14 15 16

Detailed Summary Page 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) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Halvorson, Audrey Lynn, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City Zip Code State Transaction ID: SA11AI.4675 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V.P. - Actrl Svcs/Healthcare Econ Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Halvorson, Audrey Lynn, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City State Zip Code Transaction ID: SA11AI.4765 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V.P. - Actrl Svcs/Healthcare Econ Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 275.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kaufman, Jennifer Beth, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 17 2018 City State Zip Code Transaction ID: SA11AI.4771 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ VP- Marketing & Corporate Comm Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a				
Any information copied from such Reports and St or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF							
Full Name of Individual (Last, First, Middle Init Kehaly, Pamela Dianne, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify)	State AZ C Occ Pre Aggregate	Zip Code 85021 supation (for Individual) sident/CEO Year-to-Date ▼	Date of Receipt 06 03 2018 Transaction ID : SA11AI.4682 Amount of Each Receipt this Period 25.00 Memo Item				
Full Name of Individual (Last, First, Middle Init 3. Kehaly, Pamela Dianne, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify) ▼	State AZ C Occ Pre	Zip Code 85021 cupation (for Individual) esident/CEO Year-to-Date 250.00	Date of Receipt M M M / D D / 2018 Transaction ID : SA11AL4772 Amount of Each Receipt this Period 25.00 Memo Item				
Full Name of Individual (Last, First, Middle Init Messina, Elizabeth A, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Receipt For: Primary General Other (specify)	State AZ C	Zip Code 85021 supation (for Individual) V.P. CIO Year-to-Date 315.00	Date of Receipt M				
SUBTOTAL of Receipts This Page (optional)			85.00				
TOTAL This Period (last page this line number of	only)						

29 FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 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) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Messina, Elizabeth A, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City Zip Code State Transaction ID: SA11AI.4694 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. V.P. CIO Blue Cross Blue Shield of Arizona. Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Messina, Elizabeth A, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City State Zip Code Transaction ID: SA11AI.4784 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Arizona, Inc. Sr. V.P. CIO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 385.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Meyer, Laura Gartland, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 17 2018 City State Zip Code Transaction ID: SA11AI.4786 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ Special Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

29 FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montoya, Marcus F, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City Zip Code State Transaction ID: SA11AI.5158 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V.P. Provider Network Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montoya, Marcus F, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City State Zip Code Transaction ID: SA11AI.4698 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V.P. Provider Network Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montoya, Marcus F, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 17 2018 City State Zip Code Transaction ID: SA11AI.4788 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V.P. Provider Network Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

29 FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Papp, Harry, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Dr. 2018 City Zip Code State Transaction ID: SA11AI.5006 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ **Board Member** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Roth, Tracy Lin, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City State Zip Code Transaction ID: SA11AI.4797 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ **Dir-Informatics** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Salazar, Deanna, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 20 2018 City State Zip Code Transaction ID: SA11AI.5169 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of Arizona, Inc Sr. V.P.- General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 360.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 18 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) HEALTHY GOVERNMENT COMMITTE OF	EE-THE POLITICAL ACTION COMMITTI	EE OF BLUE CROSS & BLUE SHIELD
Full Name of Individual (Last, First, Middle Initial Salazar, Deanna, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Receipt For:		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼	400.00	
Full Name of Individual (Last, First, Middle Inited Salazar, Deanna, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Receipt For: Primary General Other (specify) Other (specify)	State Zip Code 85021 C Occupation (for Individual) Sr. V.P General Counsel Aggregate Year-to-Date ▼	Date of Receipt M M / D D / 2018 Transaction ID: SA11Al.4798 Amount of Each Receipt this Period 40.00 Memo Item
Full Name of Individual (Last, First, Middle Init Semma, Mary M, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify)	, ,	Date of Receipt Mod 20 2018 Transaction ID : SA11AI.5170 Amount of Each Receipt this Period 25.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	105.00
TOTAL This Period (last page this line number	only)	

29 FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Semma, Mary M, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City Zip Code State Transaction ID: SA11AI.4710 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V.P. Corporate Integrity Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Semma, Mary M, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City State Zip Code Transaction ID: SA11AI.4799 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V.P. Corporate Integrity Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 275.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sowell, Scott M, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 20 2018 City State Zip Code Transaction ID: SA11AI.5173 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V.P. Operational Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	
Any information copied from such Reports and Stor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) HEALTHY GOVERNMENT COMMITTE OF	E-THE PO	LITICAL ACTION COMMITT	EE OF BLUE CROSS & BLUE SHIELD
Full Name of Individual (Last, First, Middle Init Sowell, Scott M, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify)	State AZ C Occ V.P Aggregate	Zip Code 85021 Equipation (for Individual) Coperational Excellence Year-to-Date 250.00	Date of Receipt 06 03 2018 Transaction ID : SA11AI.4713 Amount of Each Receipt this Period 25.00 Memo Item
Full Name of Individual (Last, First, Middle Init Sowell, Scott M, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify) ▼	State AZ C	Zip Code 85021 Supation (for Individual) O Operational Excellence Year-to-Date 275.00	Date of Receipt 06 17 2018 Transaction ID : SA11AI.4802 Amount of Each Receipt this Period 25.00 Memo Item
Full Name of Individual (Last, First, Middle Init Stelnik, Jeffrey M, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Receipt For: Primary General Other (specify)	State AZ C Occ Sr. Y	Zip Code 85021 supation (for Individual) V.P. Strategy/Sales/Marketing Year-to-Date 315.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)			85.00
TOTAL This Period (last page this line number of	only)	·····	

FOR LINE NUMBER: PAGE 21 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a					
Any information copied from such Reports and Stor for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF								
Full Name of Individual (Last, First, Middle Initi Stelnik, Jeffrey M, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Receipt For: Primary General Other (specify) Other (specify)	State AZ C Occ Sr. Aggregate	Zip Code 85021 supation (for Individual) V.P. Strategy/Sales/Marketing Year-to-Date ▼ 350.00	Date of Receipt Mod / 03 / 2018 Transaction ID : SA11AI.4716 Amount of Each Receipt this Period 35.00 Memo Item					
Full Name of Individual (Last, First, Middle Initi Stelnik, Jeffrey M, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Receipt For: Primary General Other (specify) ▼	State AZ C	Zip Code 85021 Cupation (for Individual) V.P. Strategy/Sales/Marketing Year-to-Date ▼ 385.00	Date of Receipt M					
Full Name of Individual (Last, First, Middle Initication Stone, Deidra, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify)	State AZ C Occ Dir-	Zip Code 85021 Supation (for Individual) Claims Services Year-to-Date 220.00	Date of Receipt Mod / 17 2018 Transaction ID: SA11AI.4805 Amount of Each Receipt this Period 20.00 Memo Item					
SUBTOTAL of Receipts This Page (optional)		·····	90.00					
TOTAL This Period (last page this line number of	only)							

29 FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 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) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tilton, Michael Poul, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City Zip Code State Transaction ID: SA11AI.5179 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V.P. Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tilton, Michael Poul, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City State Zip Code Transaction ID: SA11AI.4721 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V.P. Sales Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Tilton, Michael Poul, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 17 2018 City State Zip Code Transaction ID: SA11AI.4809 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V.P. Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) HEALTHY GOVERNMENT COMMITTE OF	E-THE PO	LITICAL ACTION COMMITT	EE OF BLUE CROSS & BLUE SHIELD
Full Name of Individual (Last, First, Middle Initial Trujillo, Gary, , , Mailing Address 2444 W. Las Palmaritas Dr. City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify)	State AZ C Occ Boa Aggregate	Zip Code 85021 Supation (for Individual) ard Member Year-to-Date 500.00	Date of Receipt M
Full Name of Individual (Last, First, Middle Initial Tucker, Su S, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State AZ	Zip Code 85021 Supation (for Individual) Year-to-Date ▼ 220.00	Date of Receipt 06 17 2018 Transaction ID : SA11AI.4812 Amount of Each Receipt this Period 20.00 Memo Item
Full Name of Individual (Last, First, Middle Initical Conference of Sherri Lynn, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify)	State AZ C Occ Dir	Zip Code 85021 supation (for Individual) - Client Implementation Year-to-Date ▼ 225.00	Date of Receipt Mark 20
SUBTOTAL of Receipts This Page (optional)		······	295.00
TOTAL This Period (last page this line number of	only)	·····	

29 FOR LINE NUMBER: PAGE 24 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name VonBerge, Sherri Lynn, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 2018 City Zip Code State Transaction ID: SA11AI.4727 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ Dir - Client Implementation Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. VonBerge, Sherri Lynn, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 06 2018 City State Zip Code Transaction ID: SA11AI.4815 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ Dir - Client Implementation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 275.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wandoloski, Matthew John, , , Date of Receipt Mailing Address 2444 W. Las Palmaritas Drive 20 2018 City State Zip Code Transaction ID: SA11AI.5187 ΑZ Phoenix 85021 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Blue Cross Blue Shield of AZ V.P. Strategy & Informatics Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page					
Any information copied from such Reports and Sta or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF							
Full Name of Individual (Last, First, Middle Initial Wandoloski, Matthew John, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify)	State AZ C Occ V.P Aggregate	Zip Code 85021 upation (for Individual) Strategy & Informatics Year-to-Date ▼ 250.00	Date of Receipt M M M / D J J 2018 Transaction ID : SA11AI.4728 Amount of Each Receipt this Period 25.00 Memo Item				
Full Name of Individual (Last, First, Middle Initial Wandoloski, Matthew John, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify)	State AZ C	Zip Code 85021 Supation (for Individual) Strategy & Informatics Year-to-Date 275.00	Date of Receipt M M M / D D / 2018 Transaction ID : SA11AL4816 Amount of Each Receipt this Period 25.00 Memo Item				
Full Name of Individual (Last, First, Middle Initial Washington, Alton, , , Mailing Address 2444 W. Las Palmaritas Dr. City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify)	State AZ C Occ Boa	Zip Code 85021 upation (for Individual) rd Member Year-to-Date ▼ 300.00	Date of Receipt M M M O3 2018 Transaction ID : SA11AI.5010 Amount of Each Receipt this Period 150.00 Memo Item				
SUBTOTAL of Receipts This Page (optional)		>	200.00				
TOTAL This Period (last page this line number o	nly)	·····					

FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) HEALTHY GOVERNMENT COMMITTE OF	E-THE PO	DLITICAL ACTION COMMITT	EE OF BLUE CROSS & BLUE SHIELD
Full Name of Individual (Last, First, Middle Init Wells, Gregory S, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify)	State AZ C Occ V.P Aggregate	Zip Code 85021 Supation (for Individual) P. HR & Employee Development Year-to-Date ▼ 225.00	Date of Receipt M M
Full Name of Individual (Last, First, Middle Init Wells, Gregory S, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify) ▼	State AZ C	Zip Code 85021 Cupation (for Individual) P. HR & Employee Development Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Init Wells, Gregory S, , , Mailing Address 2444 W. Las Palmaritas Drive City Phoenix FEC ID number of contributing federal political committee. Name of Employer (for Individual) Blue Cross Blue Shield of AZ Receipt For: Primary General Other (specify)	State AZ C Occ V.P	Zip Code 85021 Cupation (for Individual) HR & Employee Development Year-to-Date 275.00	Date of Receipt Mo6 17 2018 Transaction ID: SA11AI.4818 Amount of Each Receipt this Period 25.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			75.00
TOTAL This Period (last page this line number of	only)	·····	2556.00

Mailing Address 1310 G Street NW City Washington D.C. Purpose of Disbursement Candidate Name Office Sought: House Senate Persident State: District: Full Name (Last, First, Middle Initial) SchwEIKERT, DAVID, , Office Sought: Zandidate Name Candidate Name Candidate Name ChwEIKERT, DAVID, , Office Sought: Y House SchwEIKERT, DAVID, , Office Sought: Y House SchwEikert, David, , Office Sought: Y House SchwEikert, David, , Office Sought: X House SchwEikert, David, , Office Sought: X House Senate President State: AZ District: 06 Full Name (Last, First, Middle Initial) State: AZ District: 06 Full Name (Last, First, Middle Initial) State: AZ District: 06 Full Name (Last, First, Middle Initial) State: AZ District: 06 Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Date of Disbursement Fec Identification Number Category/ Type Transaction ID: SB23.4100 Amount of Each Disbursement Bate of Disbursement Category/ Type Transaction ID: SB23.4100 Amount of Each Disbursement Category/ Type Transaction ID: SB23.4100 Amount of Each Disbursement Category/ Type Transaction ID: SB23.4100 Amount of Each Disbursement Category/ Type Transaction ID: SB23.4100 Amount of Each Disbursement Transaction ID: SB23.4100 Trans	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 28a			
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF Full Name (Last, First, Middle Initial) Blue PAC Mailing Address 1310 G Street NW City Washington D.C. Purpose of Disbursement Candidate Name City Office Sought: House Disbursement For: Senate Prissident District: Full Name (Last, First, Middle Initial) FRIENDS OF DAVID SCHWEIKERT Mailing Address PO BOX 16785 City Priors of Disbursement Candidate Name SCHWEIKERT, DAVID, , Office Sought: Y Primary General President Senate President Disbursement for: Category' Type FEC Identification Number C H4A206045 Transaction ID: SB23.4100 Amount of Each Disbursement C H4A206045 Transaction ID: SB23.4100 Amount of Each Disbursement this Perior Type Transaction ID: SB23.4100 Amount of Each Disbursement this Perior Type Category' Type C						
A. Blue PAC Mailing Address 1310 G Street NW City Washington D.C. Purpose of Disbursement Candidate Name City State President State: District: City State: District: Sonate President State: District: Category' Type Category' Type Category' Type Date of Disbursement Category' Type FEC Identification Number Category' Type Amount of Each Disbursement his Period Amount of Each Disbursement in Period Amount of Each Disbursement Category' Type Cat	, ,	POLITICAL ACTION COM	MITTEE OF BI	LUE CROSS & BLUE SHIELD OF		
City Washington D.C. Purpose of Disbursement Cardidate Name Category/ Office Sought:	A. Blue PAC			M M / D D / Y Y Y Y		
Washington D.C. Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President Other (specify) ▼ Buill Name (Last, First, Middle Initial) FRIENDS OF DAVID SCHWEIKERT Mailing Address PO BOX 15785 City Senate President Other (specify) Type Office Sought: Y House Senate President Other (specify) Type Office Sought: Y House Senate President Other (specify) Type Office Sought: Y House Other (specify) Type Office Sought: House Other (specify) Type Subtotal of Disbursement this Perior Subtotal of Disbursement this Perior Subtotal of Disbursement this Perior Subtotal of Disbursements This Page (optional)		Mailing Address 1310 G Street NW				
Category/ Type Office Sought: House Senate President State: District: Holl Name (Last, First, Middle Initial) SFRIENDS OF DAVID SCHWEIKERT Mailing Address PO BOX 15785 City State Zip Code AZ 85060 President Pre	Washington D.C.	'				
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) FRIENDS OF DAVID SCHWEIKERT Mailing Address PO BOX 15785 City PHOENIX				Amount of Each Disbursement this Period		
Date of Disbursement Date of Disbursement	Senate President	Senate Primary General President Other (specify) ▼				
City PHOENIX Purpose of Disbursement Candidate Name SCHWEIKERT, DAVID, , Office Sought:	B. FRIENDS OF DAVID SCHWEIKER	Full Name (Last, First, Middle Initial) FRIENDS OF DAVID SCHWEIKERT				
PHOENIX Purpose of Disbursement Candidate Name SCHWEIKERT, DAVID, , Office Sought: Name House Disbursement For:						
SCHWEIKERT, DAVID, , Office Sought:	PHOENIX		С Н4АZ06045			
State: AZ District: 06 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Date of Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Memo Item Substoated A Memo Item	SCHWEIKERT, DAVID, , ,	Туре		Amount of Each Disbursement this Period		
Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President State: District: Substruct Substruct Date of Disbursement FEC Identification Number Category/ Type Memo Item 5000.00	Senate President	Primary General				
City State Zip Code FEC Identification Number Category/ Type Amount of Each Disbursement this Period Office Sought:	Full Name (Last, First, Middle Initial)					
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Substotal of Disbursements This Page (optional)	Mailing Address					
Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substotal of Disbursements This Page (optional)	City	State Zip Code		FEC Identification Number		
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)	·			C Amount of Each Disbursement this Period		
State: District: SUBTOTAL of Disbursements This Page (optional)	Senate	Primary General	Type	Mamo Itam		
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	SUBTOTAL of Disbursements This Page (optional)		·····	7 7 7		

ITEMIZED DISBURSEMENTS	for each of	rate schedule(s) category of the Summary Page	FOR LINE (check only 21b 28a			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may n ne and addre	ot be sold or use ess of any politica	d by any personal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) HEALTHY GOVERNMENT COMMITTEE-THE I	POLITICAL	ACTION COMM	IITTEE OF BL	LUE CROSS & BLUE SHIELD OF		
Full Name (Last, First, Middle Initial) A. Cesar Chavez for Arizona	· · · · · · · · · · · · · · · · · · ·					
Mailing Address P.O. Box 23244	ing Address P.O. Box 23244					
Phoenix	State AZ	Zip Code 85063		FEC Identification Number		
Purpose of Disbursement Contribution to a nonfederal election campaign Candidate Name	Category/		Category/	Transaction ID : SB29.4106 Amount of Each Disbursement this Period		
Senate	Sought: House Disbursement For: Senate Primary General Other (specify) ▼			200.00 Memo Item		
B. CONSERVATIVES FOR TOMA Mailing Address 8707 W. Buckhorn Trail				Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City State AZ Zip Code 85383 Purpose of Disbursement				FEC Identification Number		
	nent For: Primary Other (spec	Category/ Type	Transaction ID: SB29.5779 Amount of Each Disbursement this Period 300.00 Memo Item			
Full Name (Last, First, Middle Initial) DAVID COOK 4 STATE HOUSE				Date of Disbursement		
Mailing Address P.O. Box 871	06 12 2018					
City Globe Purpose of Disbursement	State Zip Code AZ 85502			FEC Identification Number		
Candidate Name Category/ Type				Transaction ID : SB29.5772 Amount of Each Disbursement this Period		
	ement For: Primary			200.00 Memo Item		
SUBTOTAL of Disbursements This Page (optional)				700.00		
TOTAL This Period (last page this line number only).			<u> </u>			

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ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(check or	,′	26 27	
			Summary Page	28			
Ar	ny information copied from such Reports and Staten	nents may n	ot be sold or us	ed by any pe	rson for the purpose		
	for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full) HEALTHY GOVERNMENT COMMITTEE-THE	POLITICAL	. ACTION COM	MITTEE OF	BLUE CROSS & B	SLUE SHIELD OF	
Full Name (Last, First, Middle Initial)							
Α.	Kate Brophy McGee AZ - Senate	Kate Brophy McGee AZ - Senate				Date of Disbursement	
	Mailing Address 42 E. Butler Dr.				05	05 21 2018	
	,	State Zip Code		FEC Identification Number			
	Phoenix Purpose of Disbursement	AZ 85020			C		
	Contribution to a nonfederal election campaign				Transaction ID : SB29,4102		
	Candidate Name		Category		Amount of Each Disbursement		
	Office Sought: House Disbursen	nent For:		Туре		1000.00	
		Primary	General		4	7	
		Other (spec	eify) ▼		Memo Iten	n	
_	State: District: Full Name (Last, First, Middle Initial)						
В.	•	· · · · · · · · · · · · · · · · · · ·				Date of Disbursement	
					M = M / D = D / Y = Y = Y		
	Mailing Address 69 W Willetta St Apt 1	05 25 2018					
	City Shoenix	State Zip Code AZ 85003			FEC Identification Number		
	Purpose of Disbursement Contribution to a nonfederal election campaign				C		
				Category/ Type	Transaction ID : SB29.4108 Amount of Each Disbursement this Period		
						300.00	
						·	
	State: District:	Other (spec	iiy <i>)</i>		Memo Iten	n	
	Full Name (Last, First, Middle Initial)						
C.	Sean Bowie for State Senate				Date of Disbursement		
	Mailing Address P.O. Box 50802				05 / D	25 2018	
	City	State	Zip Code		FEC Identificat	ion Number	
	Phoenix AZ 85076 Purpose of Disbursement						
	Contribution to a nonfederal election campaign				C	on ID : SB29.4104	
	Candidate Name		th Disbursement this Period				
	Office Sought: House Disbursen		500.00				
		Primary ☐ General Other (specify) ▼				,	
	State: President State:				Memo Iten	n	
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s	SUBTOTAL of Disbursements This Page (optional)			·····•		1800.00	
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