

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**

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

ADDRESS (number and street) P.O. BOX 13466

Check if different than previously reported. (ACC) PHOENIX AZ 85002

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00215202 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]

04 / 01 / 2018 through 06 / 30 / 2018

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

Ragan, Ashley, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Ragan, Ashley, , ,* [Electronically Filed] Date 09 / 10 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only								
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**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

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="2018"/>	<input type="text" value="36951.95"/>	<input type="text" value="36951.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="30986.95"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8322.00"/>	<input type="text" value="16057.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="39308.95"/>	<input type="text" value="53008.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7500.00"/>	<input type="text" value="21200.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="31808.95"/>	<input type="text" value="31808.95"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

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

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).....	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).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8322.00	16057.00
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)).....▶	8322.00	16057.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8322.00	16057.00

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.....	5000.00	7000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	2500.00	14200.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	7500.00	21200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	21200.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	8322.00	16057.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8322.00	16057.00
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 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Allen, Janet Michelle, , ,

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix State AZ Zip Code 85021

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

Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) Compensation/HR Projects Mgr.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt 05 / 20 / 2018
Transaction ID : SA11AI.5104

Amount of Each Receipt this Period 42.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Allen, Janet Michelle, , ,

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix State AZ Zip Code 85021

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

Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) Compensation/HR Projects Mgr.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 03 / 2018
Transaction ID : SA11AI.4644

Amount of Each Receipt this Period 42.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Allen, Janet Michelle, , ,

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix State AZ Zip Code 85021

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

Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) Compensation/HR Projects Mgr.

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 462.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4735

Amount of Each Receipt this Period 42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 126.00

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 7 OF 29
	<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)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Araiza, Teresa M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) Director, Claims Regional Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 20 / 2018
Transaction ID : SA11AI.5105
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Araiza, Teresa M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) Director, Claims Regional Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 03 / 2018
Transaction ID : SA11AI.4645
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Araiza, Teresa M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) Director, Claims Regional Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4736
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 8 OF 29
	<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)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Arthur, William D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V. P. Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 20 / 2018
 Transaction ID : SA11AI.5106
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Arthur, William D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V. P. Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2018
 Transaction ID : SA11AI.4646
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Arthur, William D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V. P. Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 17 / 2018
 Transaction ID : SA11AI.4737
 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 only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 29
	(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)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Arvin, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Mgr- Cloud Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 20 / 2018
Transaction ID : SA11AI.5107
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Arvin, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Mgr- Cloud Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 03 / 2018
Transaction ID : SA11AI.4647
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Arvin, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Mgr- Cloud Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 17 / 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 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 29
	<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)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Aspery, Daniel P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Corp Medical Dir-Clinical Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4739
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Brutlag, James A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) V.P. Underwriting & Actuarial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 20 / 2018
Transaction ID : SA11AI.5115
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Brutlag, James A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) V.P. Underwriting & Actuarial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 03 / 2018
Transaction ID : SA11AI.4655
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 11 OF 29
	<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)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Brutlag, James A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) V.P. Underwriting & Actuarial Services
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 440.00

Date of Receipt 06 / 17 / 2018
 Transaction ID : SA11AI.4746
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Chandler, Helen J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Sr. V.P. Chief Service Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 225.00

Date of Receipt 05 / 20 / 2018
 Transaction ID : SA11AI.5119
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Chandler, Helen J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Sr. V.P. Chief Service Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 06 / 03 / 2018
 Transaction ID : SA11AI.4659
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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 12 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Chandler, Helen J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Sr. V.P. Chief Service Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 17 / 2018
 Transaction ID : SA11AI.4750
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Coor, Lattie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Dr.
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 03 / 2018
 Transaction ID : SA11AI.5002
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Halvorson, Audrey Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. - Actrl Svcs/Healthcare Econ
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 20 / 2018
 Transaction ID : SA11AI.5135
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 13 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Halvorson, Audrey Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. - Actrl Svcs/Healthcare Econ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2018
Transaction ID : SA11AI.4675
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Halvorson, Audrey Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. - Actrl Svcs/Healthcare Econ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4765
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Kaufman, Jennifer Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) VP- Marketing & Corporate Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4771
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Kehaly, Pamela Dianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 03 / 2018
Transaction ID : SA11AI.4682
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Kehaly, Pamela Dianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4772
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Messina, Elizabeth A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) Sr. V.P. CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 20 / 2018
Transaction ID : SA11AI.5154
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	85.00
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 15 OF 29
	<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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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 OF

A. Messina, Elizabeth A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) Sr. V.P. CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 03 / 2018
Transaction ID : SA11AI.4694
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Messina, Elizabeth A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) Sr. V.P. CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4784
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Meyer, Laura Gartland, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Special Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4786
 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 only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Montoya, Marcus F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. Provider Network Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 20 / 2018
Transaction ID : SA11AI.5158
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Montoya, Marcus F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. Provider Network Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2018
Transaction ID : SA11AI.4698
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Montoya, Marcus F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. Provider Network Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4788
 Amount of Each Receipt this Period 25.00
 Memo Item

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29
	<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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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 OF

A. Papp, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Dr.
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 03 / 2018
Transaction ID : SA11AI.5006
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Roth, Tracy Lin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Dir- Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4797
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Salazar, Deanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) Sr. V.P.- General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 20 / 2018
Transaction ID : SA11AI.5169
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 18 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Salazar, Deanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) Sr. V.P.- General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 03 / 2018
Transaction ID : SA11AI.4709
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Salazar, Deanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) Sr. V.P.- General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4798
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Semma, Mary M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. Corporate Integrity
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 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).....▶

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 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Semma, Mary M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of AZ	Occupation (for Individual) V.P. Corporate Integrity
-------------------------------------------------------------------	---------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2018

Transaction ID : SA11AI.4710

Amount of Each Receipt this Period
25.00

Memo Item

B. Semma, Mary M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of AZ	Occupation (for Individual) V.P. Corporate Integrity
-------------------------------------------------------------------	---------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2018

Transaction ID : SA11AI.4799

Amount of Each Receipt this Period
25.00

Memo Item

C. Sowell, Scott M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of AZ	Occupation (for Individual) V.P. Operational Excellence
-------------------------------------------------------------------	------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2018

Transaction ID : SA11AI.5173

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 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 29
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Sowell, Scott M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate 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

B. Sowell, Scott M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate 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

C. Stelnik, Jeffrey M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc Occupation (for Individual) Sr. V.P. Strategy/Sales/Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 05 / 20 / 2018
Transaction ID : SA11AI.5174
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00
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 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Stelnik, Jeffrey M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc	Occupation (for Individual) Sr. V.P. Strategy/Sales/Marketing
-----------------------------------------------------------------------------	------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2018

Transaction ID : SA11AI.4716

Amount of Each Receipt this Period
35.00

Memo Item

B. Stelnik, Jeffrey M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Arizona, Inc	Occupation (for Individual) Sr. V.P. Strategy/Sales/Marketing
-----------------------------------------------------------------------------	------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2018

Transaction ID : SA11AI.4804

Amount of Each Receipt this Period
35.00

Memo Item

C. Stone, Deidra, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of AZ	Occupation (for Individual) Dir- Claims Services
-------------------------------------------------------------------	-----------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		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 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 29
	<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)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Tilton, Michael Poul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 20 / 2018
Transaction ID : SA11AI.5179
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Tilton, Michael Poul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2018
Transaction ID : SA11AI.4721
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Tilton, Michael Poul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4809
 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 only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Trujillo, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Dr.
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 03 / 2018
Transaction ID : SA11AI.5008
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Tucker, Su S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate 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

C. VonBerge, Sherri Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Dir - Client Implementation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 20 / 2018
Transaction ID : SA11AI.5185
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	295.00
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 24 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. VonBerge, Sherri Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Dir - Client Implementation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2018
Transaction ID : SA11AI.4727
 Amount of Each Receipt this Period 25.00
 Memo Item

B. VonBerge, Sherri Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Dir - Client Implementation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4815
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wandoloski, Matthew John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. Strategy & Informatics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 20 / 2018
Transaction ID : SA11AI.5187
 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 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 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Wandoloski, Matthew John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. Strategy & Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2018
Transaction ID : SA11AI.4728
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wandoloski, Matthew John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) V.P. Strategy & Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 17 / 2018
Transaction ID : SA11AI.4816
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Washington, Alton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 W. Las Palmaritas Dr.
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 03 / 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 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 29
	<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)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Wells, Gregory S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of AZ	Occupation (for Individual) V.P. HR & Employee Development
-------------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 05 / 20 / 2018
Transaction ID : SA11AI.5189

Amount of Each Receipt this Period
 25.00

Memo Item

B. Wells, Gregory S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of AZ	Occupation (for Individual) V.P. HR & Employee Development
-------------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 03 / 2018
Transaction ID : SA11AI.4730

Amount of Each Receipt this Period
 25.00

Memo Item

C. Wells, Gregory S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of AZ	Occupation (for Individual) V.P. HR & Employee Development
-------------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 06 / 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 only).....	2556.00

**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"/> 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)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

Full Name (Last, First, Middle Initial) A. Blue PAC		Date of Disbursement MM / DD / YYYY 04 / 26 / 2018
Mailing Address 1310 G Street NW		FEC Identification Number C [] Transaction ID : SB23.4100 Amount of Each Disbursement this Period [] 4000.00
City Washington D.C.	State	Zip Code 20005
Purpose of Disbursement	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FRIENDS OF DAVID SCHWEIKERT		Date of Disbursement MM / DD / YYYY 06 / 14 / 2018
Mailing Address PO BOX 15785		FEC Identification Number C H4AZ06045 Transaction ID : SB23.5777 Amount of Each Disbursement this Period [] 1000.00
City PHOENIX	State AZ	Zip Code 85060
Purpose of Disbursement	Category/Type []	
Candidate Name SCHWEIKERT, DAVID, , ,	Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 06		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []
City	State	Zip Code
Purpose of Disbursement	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

Full Name (Last, First, Middle Initial) A. Cesar Chavez for Arizona		Date of Disbursement MM / DD / YYYY 05 / 25 / 2018	
Mailing Address P.O. Box 23244		FEC Identification Number C [] Transaction ID : SB29.4106 Amount of Each Disbursement this Period [] 200.00	
City Phoenix	State AZ	Zip Code 85063	Category/ Type []
Purpose of Disbursement Contribution to a nonfederal election campaign		Memo Item <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. CONSERVATIVES FOR TOMA		Date of Disbursement MM / DD / YYYY 06 / 12 / 2018	
Mailing Address 8707 W. Buckhorn Trail		FEC Identification Number C [] Transaction ID : SB29.5779 Amount of Each Disbursement this Period [] 300.00	
City Peoria	State AZ	Zip Code 85383	Category/ Type []
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. DAVID COOK 4 STATE HOUSE		Date of Disbursement MM / DD / YYYY 06 / 12 / 2018	
Mailing Address P.O. Box 871		FEC Identification Number C [] Transaction ID : SB29.5772 Amount of Each Disbursement this Period [] 200.00	
City Globe	State AZ	Zip Code 85502	Category/ Type []
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 700.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

A. Kate Brophy McGee AZ - Senate

Full Name (Last, First, Middle Initial)

Mailing Address 42 E. Butler Dr.

City Phoenix State AZ Zip Code 85020

Purpose of Disbursement
Contribution to a nonfederal election campaign

Candidate Name

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

State: District:

Date of Disbursement: 05 / 21 / 2018

FEC Identification Number: C

Transaction ID : SB29.4102

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Lela Alston AZ Senate 2018

Full Name (Last, First, Middle Initial)

Mailing Address 69 W Willetta St Apt 1

City Phoenix State AZ Zip Code 85003

Purpose of Disbursement
Contribution to a nonfederal election campaign

Candidate Name

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

State: District:

Date of Disbursement: 05 / 25 / 2018

FEC Identification Number: C

Transaction ID : SB29.4108

Amount of Each Disbursement this Period: 300.00

Memo Item

C. Sean Bowie for State Senate

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 50802

City Phoenix State AZ Zip Code 85076

Purpose of Disbursement
Contribution to a nonfederal election campaign

Candidate Name

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

State: District:

Date of Disbursement: 05 / 25 / 2018

FEC Identification Number: C

Transaction ID : SB29.4104

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	2500.00