

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Healthy Government Committee-The Political Action Committee of BCBSAZ

ADDRESS (number and street) P.O. Box 13466
 Check if different than previously reported. (ACC)
Phoenix AZ 85002

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer Ms Kathryn Baker

Signature of Treasurer Electronically Filed by Ms Kathryn Baker Date 01 31 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		11268.88
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	9383.88									
(c) Total Receipts (from Line 19)	11887.00	22648.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21270.88	33916.88								
7. Total Disbursements (from Line 31)	5973.93	18619.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15296.95	15296.95								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	8970.00	11010.00
(i) Itemized (use Schedule A)	2325.00	11046.00
(ii) Unitemized	11295.00	22056.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11295.00	22056.00
12. Transfers From Affiliated/Other Party Committees	592.00	592.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11887.00	22648.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11887.00	22648.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	29.93	29.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	29.93	29.93
22. Transfers to Affiliated/Other Party Committees.....	5944.00	18590.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election 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))..	5973.93	18619.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5973.93	18619.93

DETAILED SUMMARY PAGE
of Disbursements

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)	11295.00	22056.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11295.00	22056.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	29.93	29.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	29.93	29.93

**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 6 / 30
	<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 BCBSAZ

A.	Full Name (Last, First, Middle Initial) Mrs. Karen Abraham	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 2444 W. Las Palmaritas Drive	Transaction ID: SA11AI.8527
	City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Blue Cross & Blue Shield of AZ Occupation V.P.-Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Mr. William Arthur	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 2444 W. Las Palmaritas	Transaction ID: SA11AI.8528
	City State Zip Code Phoenix AZ 85002	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Blue Cross and Blue Shield of Arizona Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Mr. daniel aspery, md	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 2444 W. Las Palmaritas	Transaction ID: SA11AI.8529
	City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer bcbsaz Occupation vice president Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	420.00
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 7 / 30
(check only one)

<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 BCBSAZ

A. Full Name (Last, First, Middle Initial)
Mr. Tony Astorga

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer Blue Cross & Blue Shield of AZ
Occupation Sr. V.P. & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.8530

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Ms Kathryn Baker

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer Blue Cross & Blue Shield of Arizona
Occupation VP & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.8531

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard Boals

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer Blue Cross & Blue Shield of Arizona
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.8532

Amount of Each Receipt this Period
300.00

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

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

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

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

FOR LINE NUMBER: PAGE 8 / 30
(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 BCBSAZ

A. Full Name (Last, First, Middle Initial)
Ms Susan Broadman

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer: Blue Cross & Blue Shield of Arizona
Occupation: Staffing Specialist/EEO Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: SA11AI.8533
 Amount of Each Receipt this Period: 180.00

B. Full Name (Last, First, Middle Initial)
Mr. James Brutlag

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer: Blue Cross & Blue Shield of Arizona
Occupation: V.P.-Underwriting & Actuarial Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: SA11AI.8534
 Amount of Each Receipt this Period: 240.00

C. Full Name (Last, First, Middle Initial)
Sherri Burruss

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer: BCBSAZ
Occupation: Actuarial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: SA11AI.8535
 Amount of Each Receipt this Period: 135.00

SUBTOTAL of Receipts This Page (optional) ► **555.00**

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 9 / 30
	<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 BCBSAZ

A.	Full Name (Last, First, Middle Initial) Mrs. Helen Chandler		Date of Receipt
	Mailing Address 2444 W. Las Palmaritas Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Phoenix	AZ	85021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8536
Name of Employer Blue Cross & Blue Shield of Arizona		Occupation Sr. V.P.-Claims & Federal Programs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/>
			300.00

B.	Full Name (Last, First, Middle Initial) Lisa Cherney		Date of Receipt
	Mailing Address P. O. Box 13466		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Phoenix	AZ	85002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8537
Name of Employer BCBSAZ		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/>
			120.00

C.	Full Name (Last, First, Middle Initial) Kathy Clubine		Date of Receipt
	Mailing Address P. O. Box 13466		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Phoenix	AZ	85002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8538
Name of Employer BCBSAZ		Occupation mgr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text"/>
			180.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 30
(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 BCBSAZ

A. Full Name (Last, First, Middle Initial)
Gail Damico

Mailing Address 2444 W. Las Palmaritas

City State Zip Code
Phoenix AZ 85002

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

Name of Employer Occupation
Blue Cross and Blue Shield VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.8539

Amount of Each Receipt this Period
180.00

B. Full Name (Last, First, Middle Initial)
linda douglas

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer Occupation
BCBSAZ staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.8540

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
Mr. Jim Dunlap

Mailing Address 2444 W. Las Palmaritas

City State Zip Code
Phoenix AZ 85021

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

Name of Employer Occupation
BCBSAZ director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.8541

Amount of Each Receipt this Period
180.00

SUBTOTAL of Receipts This Page (optional) ▶ 480.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 30
(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 BCBSAZ

A. Full Name (Last, First, Middle Initial)
Gerry Farmer

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.8542

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
Terri Gades

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.8543

Amount of Each Receipt this Period
120.00

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

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer Blue Cross & Blue Shield of Arizona Occupation Manager-Individual Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.8544

Amount of Each Receipt this Period
120.00

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: (check only one)	PAGE 12 / 30
	<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 BCBSAZ

A.	Full Name (Last, First, Middle Initial) Barbara Guerriero		Date of Receipt
	Mailing Address P. O. Box 13466		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Phoenix	AZ	85002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8545
Name of Employer BCBSAZ		Occupation vice president	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 120.00
		<input type="text"/> 240.00	

B.	Full Name (Last, First, Middle Initial) Mr. Richard Hannon		Date of Receipt
	Mailing Address 2444 W. Las Palmaritas Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Phoenix	AZ	85021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8546
Name of Employer Blue Cross & Blue Shield of Arizona		Occupation Sr. V.P.-External Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 600.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Lynnette Hirst		Date of Receipt
	Mailing Address 2444 W. Las Palmaritas Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Phoenix	AZ	85021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8547
Name of Employer Blue Cross & Blue Shield of Arizona		Occupation Director-Local Business Claims	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 180.00
		<input type="text"/> 360.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 30
(check only one)

<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 BCBSAZ

A.

Full Name (Last, First, Middle Initial)
Mr. Christopher Hogan

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix State AZ Zip Code 85002

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

Name of Employer Blue Cross and Blue Shield of Arizona Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.8548
 Amount of Each Receipt this Period 120.00

B.

Full Name (Last, First, Middle Initial)
Nancy Hubler

Mailing Address P O Box 13466

City Phoenix State AZ Zip Code 85002

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

Name of Employer BCBSAZ Occupation director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.8549
 Amount of Each Receipt this Period 90.00

C.

Full Name (Last, First, Middle Initial)
Cathy Huskey

Mailing Address 2444 West Las Palmaritas Drive

City Phoenix State AL Zip Code 85021

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

Name of Employer BCBSAZ Occupation director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.8550
 Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional) ▶ 330.00

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 14 / 30
(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 BCBSAZ

A. Full Name (Last, First, Middle Initial)
Bonnie Irwin

Mailing Address 2444 W. Las Palmaritas

City State Zip Code
Phoenix AZ 85021

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

Name of Employer BCBSAZ Occupation vice president

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.8551

Amount of Each Receipt this Period
180.00

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

Mailing Address 2444 W Las Palmaritas

City State Zip Code
Phoenix AZ 85021

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

Name of Employer BCBSAZ Occupation vice president

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.8552

Amount of Each Receipt this Period
180.00

C. Full Name (Last, First, Middle Initial)
Ms Mary Sue Jacobs

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer Blue Cross & Blue Shield of Arizona Occupation Sr. Tech. Support Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.8553

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► 480.00

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 15 / 30
(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 BCBSAZ

A. Full Name (Last, First, Middle Initial)
Lori Lambrecht

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8554

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
Marty Laurel

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AL 85021

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

Name of Employer BCBSAZ Occupation
vice president

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8555

Amount of Each Receipt this Period
180.00

C. Full Name (Last, First, Middle Initial)
charlotte lefevre

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation
IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8556

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 800.00

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 / 30

(check only one)

<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 BCBSAZ

A.

Full Name (Last, First, Middle Initial)

Robyn Mauser

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer Occupation
BCBSAZ

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8557

Amount of Each Receipt this Period
120.00

B.

Full Name (Last, First, Middle Initial)

Vicky McDonald

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer Occupation
BCBSAZ vice president

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8558

Amount of Each Receipt this Period
180.00

C.

Full Name (Last, First, Middle Initial)

Susan Meitz

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer Occupation
BCBSAZ manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8559

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ►

420.00

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 17 / 30
(check only one)

<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 BCBSAZ

A.

Full Name (Last, First, Middle Initial)
elizabeth messina

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8560

Amount of Each Receipt this Period
280.00

B.

Full Name (Last, First, Middle Initial)
laura meyer

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8561

Amount of Each Receipt this Period
120.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Jody Miller

Mailing Address 2444 W. Las Palmaritas

City State Zip Code
Phoenix AZ 85002

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

Name of Employer Blue Cross and Blue Shield of Arizona Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8562

Amount of Each Receipt this Period
180.00

SUBTOTAL of Receipts This Page (optional) ► **580.00**

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 / 30
(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 BCBSAZ

A. Full Name (Last, First, Middle Initial)
Cindy Montgomery
Mailing Address P. O. box 13466
City Phoenix State AZ Zip Code 85002
FEC ID number of contributing federal political committee. **C**
Name of Employer bcbsaz Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.8563
Amount of Each Receipt this Period 120.00

B. Full Name (Last, First, Middle Initial)
Mrs. Susan Nash
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 Blue Cross & Blue Shield of Arizona Occupation V.P.-Federal Programs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.8564
Amount of Each Receipt this Period 120.00

C. Full Name (Last, First, Middle Initial)
Mrs. Susan Navran
Mailing Address 2444 W. Las Palmaritas
City Phoenix State AZ Zip Code 85002
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross and Blue Shield of Arizona Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00
Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.8565
Amount of Each Receipt this Period 180.00

SUBTOTAL of Receipts This Page (optional) ▶ 420.00
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 19 / 30
(check only one)

<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 BCBSAZ

A.

Full Name (Last, First, Middle Initial)
Marty O'Reilly

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: SA11AI.8566

Amount of Each Receipt this Period
120.00

B.

Full Name (Last, First, Middle Initial)
Nancy Olivo

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: SA11AI.8567

Amount of Each Receipt this Period
120.00

C.

Full Name (Last, First, Middle Initial)
Linda Olvey

Mailing Address P. O. box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer bcbsaz Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: SA11AI.8568

Amount of Each Receipt this Period
120.00

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: (check only one)	PAGE 20 / 30
	<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 BCBSAZ

A.	Full Name (Last, First, Middle Initial) ann parsons		Date of Receipt
	Mailing Address P. O. Box 13466		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Phoenix	AZ	85002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8569
Name of Employer BCBSAZ		Occupation Actuarial	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 180.00
		<input type="text"/> 360.00	

B.	Full Name (Last, First, Middle Initial) Pam Ray		Date of Receipt
	Mailing Address 2444 W. Las Palmaritas		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Phoenix	AZ	85021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8570
Name of Employer BCBSAZ		Occupation vice president	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 120.00
		<input type="text"/> 240.00	

C.	Full Name (Last, First, Middle Initial) Adam Rice		Date of Receipt
	Mailing Address P. O. Box 13466		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Pheonix	AZ	85002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8571
Name of Employer BCBSAZ		Occupation director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 180.00
		<input type="text"/> 360.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 480.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 21 / 30
(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 BCBSAZ

A. Full Name (Last, First, Middle Initial)
Deanna Salazar

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation vice president

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8572

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Emily Schroeder

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8573

Amount of Each Receipt this Period
45.00

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

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8574

Amount of Each Receipt this Period
180.00

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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 22 / 30
(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 BCBSAZ

A. Full Name (Last, First, Middle Initial)
Scott Sowell

Mailing Address P O Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8575

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
Michelle Spaulding

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer bcbsaz Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8576

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
Su Tucker

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8577

Amount of Each Receipt this Period
180.00

SUBTOTAL of Receipts This Page (optional) ► 420.00

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 23 / 30
	(check only one)	
<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 BCBSAZ

A.

Full Name (Last, First, Middle Initial) Mrs. Carol Von Fange		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 2444 W. Las Palmaritas		Transaction ID: SA11AI.8578
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Blue Cross and Blue Shield of Arizona	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Mike Woodard		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 2444 W. Las Palmaritas		Transaction ID: SA11AI.8579
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Blue Cross Blue Shield of AZ	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	8970.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 30
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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 BCBSAZ

A.

Full Name (Last, First, Middle Initial) jim weiers 08		Date of Receipt
Mailing Address 16022 N. 37th Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
City	State	Zip Code
Phoenix	AZ	85053
FEC ID number of contributing federal political committee.		Transaction ID: SA12.8647
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 296.00
Name of Employer	Occupation	return of contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 296.00	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Re-Elect Thayer Verschoor		Date of Receipt
Mailing Address 1326 E. Encinas		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 2 1 / 2 0 0 7
City	State	Zip Code
Gilbert	AZ	85234
FEC ID number of contributing federal political committee.		Transaction ID: SA12.8648
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 296.00
Name of Employer	Occupation	return of contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 296.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 592.00
TOTAL This Period (last page this line number only)	<input type="text"/> 592.00

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

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of BCBSAZ

A.	Full Name (Last, First, Middle Initial) Arizona Republican Party-Legislative Trust	Transaction ID: SB22.8580
	Mailing Address 3501 North 24th Street	Date of Disbursement MM / DD / YYYY 11 / 21 / 2007
	City Phoenix State AZ Zip Code 85016	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Barbara Leff	Transaction ID: SB22.8584
	Mailing Address 8641 N. 55th Place	Date of Disbursement MM / DD / YYYY 09 / 04 / 2007
	City Paradise Valley State AZ Zip Code 85253	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement	
	Candidate Name Barbara Leff	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bill Konopnicki Exploratory Committee	Transaction ID: SB22.8586
	Mailing Address 1491 Thatcher Boulevard	Date of Disbursement MM / DD / YYYY 11 / 27 / 2007
	City Safford State AZ Zip Code 85546	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1600.00
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)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

A.	Full Name (Last, First, Middle Initial) Committee to Elect Chad Campbell <hr/> Mailing Address 1333 N. 24th Street <hr/> City Phoenix State AZ Zip Code 85008 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> 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:	Transaction ID: SB22.8588 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period <input type="text" value="200.00"/>
B.	Full Name (Last, First, Middle Initial) Committee to Elect Cloves Campbell <hr/> Mailing Address 1709 E. Beverly <hr/> City Phoenix State AZ Zip Code 85042 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> 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:	Transaction ID: SB22.8589 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period <input type="text" value="200.00"/>
C.	Full Name (Last, First, Middle Initial) Committee to Elect Nancy McLain <hr/> Mailing Address 1706 E. Marble Canyn Drive <hr/> City Bullhead City State AZ Zip Code 86442 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> 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:	Transaction ID: SB22.8591 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period <input type="text" value="300.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="700.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of BCBSAZ

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Committee to Elect Robert Blendu 2008</p> <p>Mailing Address 12704 W. Solando Drive</p> <p>City Litchfield Park State AZ Zip Code 85340</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB22.8593</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text" value="300.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Committee to Re-Elect Trent Franks</p> <p>Mailing Address P. O. Box 6496</p> <p>City Tucson State AZ Zip Code 85385</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB22.8595</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Committee to Vote Chuck Gray</p> <p>Mailing Address 7461 E. Iveyglen Street</p> <p>City Mesa State AZ Zip Code 85207</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB22.8596</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text" value="200.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of BCBSAZ

A.	Full Name (Last, First, Middle Initial) Doug Clark 2008	Transaction ID: SB22.8598 Date of Disbursement 08 / 31 / 2007
	Mailing Address 2533 W. Steinbeck Court	Amount of Each Disbursement this Period 300.00
	City Phoenix State AZ Zip Code 85086	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Elect Kirk Adams	Transaction ID: SB22.8599 Date of Disbursement 09 / 26 / 2007
	Mailing Address 1110 N. Alba Circle	Amount of Each Disbursement this Period 94.00
	City Mesa State AZ Zip Code 85213	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Richard Miranda	Transaction ID: SB22.8601 Date of Disbursement 11 / 12 / 2007
	Mailing Address 2626 S. 85th Avenue	Amount of Each Disbursement this Period 200.00
	City Tolleson State AZ Zip Code 85353	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	594.00
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)

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

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of BCBSAZ

A.	Full Name (Last, First, Middle Initial) Nancy Barto 2008	Transaction ID: SB22.8602 Date of Disbursement 09 / 25 / 2007
	Mailing Address 3631 E. Rockwood Drive	Amount of Each Disbursement this Period 250.00
	City Phoenix State AZ Zip Code 85050	
	Purpose of Disbursement	Category/Type
	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:	
B.	Full Name (Last, First, Middle Initial) Pete Hershberger Exploratory Committee	Transaction ID: SB22.8704 Date of Disbursement 11 / 12 / 2007
	Mailing Address 1513 W Sendero Seis	Amount of Each Disbursement this Period 200.00
	City Tucson State AZ Zip Code 85704	
	Purpose of Disbursement	Category/Type
	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:	
C.	Full Name (Last, First, Middle Initial) Ray Barnes House Campaign	Transaction ID: SB22.8606 Date of Disbursement 12 / 10 / 2007
	Mailing Address 727 E. Bethany Home Road B-109	Amount of Each Disbursement this Period 300.00
	City Phoenix State AZ Zip Code 85014	
	Purpose of Disbursement	Category/Type
	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) ▶

750.00

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

