



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

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="2012"/>	<input type="text" value="2568.95"/>	<input type="text" value="2568.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15228.95"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4470.00"/>	<input type="text" value="35030.00"/>
(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="19698.95"/>	<input type="text" value="37598.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4664.00"/>	<input type="text" value="22564.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15034.95"/>	<input type="text" value="15034.95"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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 BCBSAZ**

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).....	4109.00	19964.00
(ii) Unitemized .....	361.00	15066.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4470.00	35030.00
(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) .....	4470.00	35030.00
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))..... ▶	4470.00	35030.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4470.00	35030.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	4664.00	22564.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4664.00	22564.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4664.00	22564.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4470.00	35030.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4470.00	35030.00
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 32  
(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 BCBSAZ**

**A. Mrs. Karen Abraham**  
 Full Name (Last, First, Middle Initial)  
 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 AZ Occupation Sr. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.12166**  
 Amount of Each Receipt this Period 50.00

**B. Teresa Araiza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 13466  
 City Phoenix State AZ Zip Code 85002-3466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Cross Blue Shield of AZ Occupation Manager, Claims Customer Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.12168**  
 Amount of Each Receipt this Period 40.00

**C. Mr. William Arthur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2444 W. Las Palmaritas  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSAZ Occupation V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.12169**  
 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00  
**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 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Daniel Aspery**

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 BCBSAZ	Occupation vice president
----------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.12170**

Amount of Each Receipt this Period  
400.00

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

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 VP & Treasurer
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.12172**

Amount of Each Receipt this Period  
70.00

Full Name (Last, First, Middle Initial)  
**C. Cindy M Bell**

Mailing Address P.O. Box 13466

City Phoenix	State AZ	Zip Code 85002-3466
-----------------	-------------	------------------------

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

Name of Employer Blue Cross Blue Shield of AZ	Occupation Director, E-Solutions
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.12174**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Cameron Black**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 13466

City Phoenix State AZ Zip Code 85002-3466

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

Name of Employer Blue Cross Blue Shield of AZ Occupation Director, Treasury

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 27 / 2012**

**Transaction ID : SA11AI.12177**

Amount of Each Receipt this Period **30.00**

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

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 President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 27 / 2012**

**Transaction ID : SA11AI.12179**

Amount of Each Receipt this Period **50.00**

**C. Michele E. Boggs**  
Full Name (Last, First, Middle Initial)

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 ▼ **240.00**

Date of Receipt **12 / 27 / 2012**

**Transaction ID : SA11AI.12180**

Amount of Each Receipt this Period **20.00**

**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 9 OF 32
	<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**

Full Name (Last, First, Middle Initial) <b>A. Bill Bruno</b>		Date of Receipt
Mailing Address P.O. Box 13466		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Phoenix	AZ	85002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.12182</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSAZ	Small Group Account Manager	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. James Brutlag</b>		Date of Receipt
Mailing Address 2444 W. Las Palmaritas Drive		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Phoenix	AZ	85021
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.12183</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Blue Cross & Blue Shield of Arizona	V.P.-Underwriting & Actuarial Services	<input type="text" value="80.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="960.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Rebecca Burnham</b>		Date of Receipt
Mailing Address P.O. Box 13466		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Phoenix	AZ	85021
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.12185</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSAZ	Director	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="610.00"/>
<b>TOTAL</b> 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 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Sherri Burruss</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 27 / 2012 <b>Transaction ID : SA11AI.12184</b>
Mailing Address P. O. Box 13466			Amount of Each Receipt this Period 50.00
City Phoenix	State AZ	Zip Code 85002	
FEC ID number of contributing federal political committee. C			
Name of Employer BCBSAZ	Occupation Actuarial		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B. Julie carr</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 27 / 2012 <b>Transaction ID : SA11AI.12186</b>
Mailing Address P. O. Box 13466			Amount of Each Receipt this Period 20.00
City Phoenix	State AZ	Zip Code 85002	
FEC ID number of contributing federal political committee. C			
Name of Employer BCBSAZ	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>c. Laura Causer</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 27 / 2012 <b>Transaction ID : SA11AI.12187</b>
Mailing Address P. O. Box 13466			Amount of Each Receipt this Period 30.00
City Phoenix	State AZ	Zip Code 85002	
FEC ID number of contributing federal political committee. C			
Name of Employer BCBSAZ	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 32
	<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. Mrs. Helen Chandler**  
Full Name (Last, First, Middle Initial)

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 Sr. V.P.-Claims & Federal Programs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.12189**

Amount of Each Receipt this Period 500.00

**B. JoAnn Cipiti**  
Full Name (Last, First, Middle Initial)

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 Government Strategic Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.12191**

Amount of Each Receipt this Period 100.00

**C. Lattie Coor**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 13466

City Phoenix State AZ 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 ▼ 600.00

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.12192**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**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 12 OF 32  
(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**

Full Name (Last, First, Middle Initial)  
**A. Diana Crowell**  
 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 bcbsaz Occupation dlaims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12193**  
 Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**B. Kelley Davis**  
 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 Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12304**  
 Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Kathy Dierks**  
 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 ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12198**  
 Amount of Each Receipt this Period  
 30.00

**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 13 OF 32
	<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**

Full Name (Last, First, Middle Initial)  
**A. Richard Dozer**

Mailing Address P.O. Box 13466

City Phoenix State AZ 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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : SA11AI.12199**

Amount of Each Receipt this Period  
**200.00**

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

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 V.P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : SA11AI.12202**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. Ms. Regena Frieden**

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 Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : SA11AI.12203**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **260.00**

**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 32
	<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**

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

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 ▼ **288.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12204**

Amount of Each Receipt this Period  
**24.00**

Full Name (Last, First, Middle Initial)  
**B. sandy gibson**

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 vice president

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12205**

Amount of Each Receipt this Period  
**70.00**

Full Name (Last, First, Middle Initial)  
**C. Cathy Huskey**

Mailing Address 2444 West Las Palmaritas Drive

City Phoenix State AZ 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  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12212**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **114.00**

**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 OF 32  
(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 BCBSAZ**

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

Mailing Address 2444 W. Las Palmaritas

City Phoenix State AZ Zip Code 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 M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12213**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 2444 W Las Palmaritas

City Phoenix State AZ Zip Code 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 M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12214**

Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**C. Vishu Jhaveri**

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 Sr. Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12215**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **110.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
	<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 BCBSAZ**

Full Name (Last, First, Middle Initial) <b>A. molly kimball</b>		Date of Receipt 12 / 27 / 2012 <b>Transaction ID : SA11AI.12217</b>
Mailing Address P. O. BOX 13466		Amount of Each Receipt this Period 30.00
City PHOENIX	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer BCBSAZ	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Lori Lambrecht</b>		Date of Receipt 12 / 27 / 2012 <b>Transaction ID : SA11AI.12218</b>
Mailing Address P. O. Box 13466		Amount of Each Receipt this Period 20.00
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer BCBSAZ	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Marty Laurel</b>		Date of Receipt 12 / 27 / 2012 <b>Transaction ID : SA11AI.12219</b>
Mailing Address 2444 W. Las Palmaritas Drive		Amount of Each Receipt this Period 40.00
City Phoenix	State AZ	Zip Code 85021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
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 ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<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 BCBSAZ**

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

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 Manager
----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12220**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. Scott Mack**

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 ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12221**

Amount of Each Receipt this Period  
30.00

Full Name (Last, First, Middle Initial)  
**C. Andrew Mason**

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 ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12224**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 32
	<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. Robyn Mauser**  
Full Name (Last, First, Middle Initial)

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 ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : SA11AI.12226**

Amount of Each Receipt this Period  
**20.00**

**B. Vicky McDonald**  
Full Name (Last, First, Middle Initial)

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 vice president

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : SA11AI.12227**

Amount of Each Receipt this Period  
**30.00**

**C. Susan Meitz**  
Full Name (Last, First, Middle Initial)

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 manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : SA11AI.12228**

Amount of Each Receipt this Period  
**20.00**

**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: PAGE 19 OF 32 (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**

Full Name (Last, First, Middle Initial) <b>A. Jody Mentz</b> Mailing Address 2444 W. Las Palmaritas <hr/> City Phoenix      State AZ      Zip Code 85021 <hr/> FEC ID number of contributing federal political committee. <b>C</b> <hr/> Name of Employer BCBSAZ      Occupation Director <hr/> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">360.00</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px; text-align: center;">                     M M M / D D D / Y Y Y Y Y Y                      12 / 27 / 2012                 </div> Transaction ID : <b>SA11AI.12229</b> <hr/> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div>
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Full Name (Last, First, Middle Initial) <b>B. elizabeth messina</b> Mailing Address P. O. Box 13466 <hr/> City Phoenix      State AZ      Zip Code 85002 <hr/> FEC ID number of contributing federal political committee. <b>C</b> <hr/> Name of Employer BCBSAZ      Occupation SVP <hr/> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">840.00</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px; text-align: center;">                     M M M / D D D / Y Y Y Y Y Y                      12 / 27 / 2012                 </div> Transaction ID : <b>SA11AI.12230</b> <hr/> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">70.00</div>
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Full Name (Last, First, Middle Initial) <b>C. laura meyer</b> Mailing Address P. O. Box 13466 <hr/> City Phoenix      State AZ      Zip Code 85002 <hr/> FEC ID number of contributing federal political committee. <b>C</b> <hr/> Name of Employer BCBSAZ      Occupation Lawyer <hr/> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">480.00</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px; text-align: center;">                     M M M / D D D / Y Y Y Y Y Y                      12 / 27 / 2012                 </div> Transaction ID : <b>SA11AI.12231</b> <hr/> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">40.00</div>
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<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">140.00</div>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

**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 32
	<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. Cindy Montgomery**  
Full Name (Last, First, Middle Initial)  
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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.12232**

Amount of Each Receipt this Period  

12	27	2012	240.00
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**B. Marcus Montoya**  
Full Name (Last, First, Middle Initial)  
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 Vice President
----------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.12235**

Amount of Each Receipt this Period  

12	27	2012	40.00
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**C. Mrs. Susan Nash**  
Full Name (Last, First, Middle Initial)  
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 ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.12237**

Amount of Each Receipt this Period  

12	27	2012	60.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mrs. Susan Navran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2444 W. Las Palmaritas  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSAZ Occupation Executive V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12238**  
 Amount of Each Receipt this Period  
 50.00

**B. Marty O'Reilly**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12240**  
 Amount of Each Receipt this Period  
 20.00

**C. Katie Osborne**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation vice president  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12242**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 32
	<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. Harry Papp**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 13466

City Phoenix State AZ Zip Code 85021

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

Name of Employer BCBSAZ Occupation Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012

**Transaction ID : SA11AI.12243**

Amount of Each Receipt this Period  
 600.00

**B. Ms. Joan Ramos**  
Full Name (Last, First, Middle Initial)

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 Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012

**Transaction ID : SA11AI.12246**

Amount of Each Receipt this Period  
 20.00

**C. Jennifer Ratti**  
Full Name (Last, First, Middle Initial)

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 Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012

**Transaction ID : SA11AI.12247**

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	640.00
<b>TOTAL</b> 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 32
	<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 BCBSAZ**

**A. Pam Ray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2444 W. Las Palmaritas  
 City Phoenix State AZ Zip Code 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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12248**  
 Amount of Each Receipt this Period  
 200.00

**B. Adam Rice**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12250**  
 Amount of Each Receipt this Period  
 30.00

**C. Deanna Salazar**  
 Full Name (Last, First, Middle Initial)  
 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 BCBSAZ Occupation Sr. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12251**  
 Amount of Each Receipt this Period  
 80.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> 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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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 VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12254**

Amount of Each Receipt this Period  
**50.00**

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

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 ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12260**

Amount of Each Receipt this Period  
**20.00**

**C. Jeff Stelnik**  
Full Name (Last, First, Middle Initial)

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 Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12258**

Amount of Each Receipt this Period  
**50.00**

**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 25 OF 32
	<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 BCBSAZ**

**A. Deidra Stone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 13466  
 City Phoenix State AZ Zip Code 85002-3466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Cross Blue Shield of AZ Occupation Director, Claims Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12261**  
 Amount of Each Receipt this Period  
**30.00**

**B. Rebecca Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 13466  
 City Phoenix State AZ Zip Code 85002-3466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Cross Blue Shield of AZ Occupation Manager, Business Informatics  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12263**  
 Amount of Each Receipt this Period  
**20.00**

**C. Su Tucker**  
 Full Name (Last, First, Middle Initial)  
 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 **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12264**  
 Amount of Each Receipt this Period  
**30.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>80.00</b>
<b>TOTAL</b> 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 32
	<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 BCBSAZ**

Full Name (Last, First, Middle Initial)  
**A. Cynthia Walls**

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 Vice President
----------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12267**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**B. Matt Wandoloski**

Mailing Address P. O. Box 13466

City Phoenix	State AZ	Zip Code 85002
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FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSAZ	Occupation Employee
----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12268**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**C. Alton Washington**

Mailing Address P.O. Box 13466

City Phoenix	State AZ	Zip Code 85021
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FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSAZ	Occupation Board Member
----------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.12269**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 32
	<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. Greg Wells**  
Full Name (Last, First, Middle Initial)

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 VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : SA11AI.12271**

Amount of Each Receipt this Period  
**40.00**

**B. Neil Eugene Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 13466

City Phoenix State AZ Zip Code 85002-3466

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

Name of Employer Blue Cross Blue Shield of AZ Occupation Director, Large Group Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : SA11AI.12272**

Amount of Each Receipt this Period  
**25.00**

**C. Rachel Winkler**  
Full Name (Last, First, Middle Initial)

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 Senior Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : SA11AI.12273**

Amount of Each Receipt this Period  
**20.00**

**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: PAGE 28 OF 32  
(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. Bill Zuelke**  
Full Name (Last, First, Middle Initial)  
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 ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 27 / 2012  
**Transaction ID : SA11AI.12274**  
Amount of Each Receipt this Period  
30.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4109.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)

**A. Elect Andy Tobin**

Mailing Address P.O. Box 28035

City Prescott Valley State AZ Zip Code 86312

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 27 / 2012

**Transaction ID : SB23.12295**

Amount of Each Disbursement this Period

424.00

Full Name (Last, First, Middle Initial)

**B. Elect Rich Crandall**

Mailing Address P.O. Box 31990

City Mesa State AZ Zip Code 85275

Purpose of Disbursement

Candidate Name

**Elect Rich Crandall**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 27 / 2012

**Transaction ID : SB23.12279**

Amount of Each Disbursement this Period

424.00

Full Name (Last, First, Middle Initial)

**C. Friends of Adam Driggs**

Mailing Address 4231 E. Clarendon

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 27 / 2012

**Transaction ID : SB23.12285**

Amount of Each Disbursement this Period

424.00

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

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

1272.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)

**A. Friends of John McComish**

Mailing Address 4463 E. Desert View Dr.

City Phoenix State AZ Zip Code 85044

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 27 / 2012

**Transaction ID : SB23.12289**

Amount of Each Disbursement this Period

424.00

Full Name (Last, First, Middle Initial)

**B. Gowan for AZ**

Mailing Address P.O. Box 1985

City Sierra Vista State AZ Zip Code 85636

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 27 / 2012

**Transaction ID : SB23.12296**

Amount of Each Disbursement this Period

424.00

Full Name (Last, First, Middle Initial)

**C. Kavanagh for State Senate 2014**

Mailing Address 16038 E. Seminole Lane

City Fountain Hills State AZ Zip Code 85268

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 27 / 2012

**Transaction ID : SB23.12276**

Amount of Each Disbursement this Period

424.00

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

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

1272.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)

**A. Kimberly Yee for Arizona**

Mailing Address P.O. Box 83561

City Phoenix State AZ Zip Code 85071

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		27		2012

**Transaction ID : SB23.12286**

Amount of Each Disbursement this Period

424.00
--------

Full Name (Last, First, Middle Initial)

**B. Lovas for Arizona**

Mailing Address 7197 W. Mariposa Grande Lane

City Peoria State AZ Zip Code 85383

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		27		2012

**Transaction ID : SB23.12292**

Amount of Each Disbursement this Period

424.00
--------

Full Name (Last, First, Middle Initial)

**C. Robert Meza State Senate 2014**

Mailing Address 1833 W. Lewis Avenue

City Phoenix State AZ Zip Code 85007

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		27		2012

**Transaction ID : SB23.12281**

Amount of Each Disbursement this Period

424.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1272.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)

**A. Shooter for Senate**

Mailing Address 2901 S. Palo Verde Ln, Unit 42

City Yuma State AZ Zip Code 85365

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2012

**Transaction ID : SB23.12290**

Amount of Each Disbursement this Period

424.00
--------

**B. VOTE for Heather Carter**

Mailing Address 28248 N. Tatum Blvd, Ste B1-299

City Cave Creek State AZ Zip Code 85331

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2012

**Transaction ID : SB23.12293**

Amount of Each Disbursement this Period

424.00
--------

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

848.00
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4664.00
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