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HEALTHY GOVERNMENT COMMITTEE

POLITICAL ACTION COMMITTEE OF BLUE CROSS AND BLUE SHIELD OF ARIZONA

July 1, 1996

Federal Election Commission
999 East Street NW
Washington, D.C. 20463

RE: ID# C00215202

Dear FEC:

Enclosed is our July 15 Quarterly Report of Receipts and Disbursements covering the period of April 1, 1996 through June 30, 1996 (FEC FORM 3X) for Healthy Government Committee - The Political Action Committee of Blue Cross and Blue Shield of Arizona.

Please contact me if you have any questions. My telephone number is (602) 864-4676.

Sincerely,



Tony M. Astorga
Treasurer

TA:sa/919EEXEC/55

Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 8 12 52 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 C00215202 052996 n 260
 TONY A ASTORGA
 HEALTHY GOVERNMENT COMMITTEE-T
 HE POLITICAL ACTION CMTE/BLUE
 POST OFFICE BOX 13466
 PHOENIX AZ 85002

2. FEC IDENTIFICATION NUMBER
C00215202

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	4/1/96 through 6/30/96		
6. (a) Cash on Hand January 1, 19 96			\$ 3,234.13
(b) Cash on Hand at Beginning of Reporting Period		\$ 4,684.13	
(c) Total Receipts (from Line 19)		\$ 1,993.00	\$ 3,443.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 6,677.13	\$ 6,677.13
7. Total Disbursements (from Line 30)		\$ 1,500.00	\$ 1,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 5,177.13	\$ 5,177.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -	

For further information contact:
Federal Election Commission
669 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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: Tony M. Astorga

Signature of Treasurer: 

Date: 7/1/96

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

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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Healthy Government Committee - The Political Action Committee of Blue Cross and Blue Shield of Arizona		FROM 4/1/96	TO 6/30/96	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	640.00	640.00	11(a)(i)
ii.	Unitemized	1,353.00	2,803.00	11(a)(ii)
iii.	Total (add i and ii) >	1,993.00	3,443.00	11(a)(iii)
b.	Political Party Committees	-	-	11(b)
c.	Other Political Committees (such as PACs)	-	-	11(c)
d.	Total Contributions (add a iii, b and c) >	1,993.00	3,443.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	-	-	12
13.	All Loans Received	-	-	13
14.	Loan Repayments Received	-	-	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-	-	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	-	-	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	-	-	17
18.	Transfers from Nonfederal Account for Joint Activity	-	-	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,993.00	3,443.00	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	1,993.00	3,443.00	20
II Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	-	-	21(a)(i)
ii.	Non-Federal Share	-	-	21(a)(ii)
b.	Other Federal Operating Expenditures	-	-	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	-	-	21(c)
22.	Transfers to Affiliated/Other Party Committees	-	-	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	150.00	150.00	23
24.	Independent Expenditures (use Schedule E)	-	-	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-	-	25
26.	Loan Repayments Made	-	-	26
27.	Loans Made	-	-	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	-	-	28(a)
b.	Political Party Committees	-	-	28(b)
c.	Other Political Committees (such as PACs)	-	-	28(c)
d.	Total Contribution Refunds (add a, b and c) >	-	-	28(d)
29.	Other Disbursements	1,350.00	1,350.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,500.00	1,500.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,500.00	1,500.00	31
III Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	1,993.00	3,443.00	32
33.	Total Contribution Refunds (from line 28d)	-	-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	1,993.00	3,443.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-	-	35
36.	Offsets to Operating Expenditures (from line 15)	-	-	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	-	-	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (a) (1)

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee - The Political Action Committee of Blue Cross and Blue Shield of Arizona

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Boals 2444 W. Las Palmaritas Drive Phoenix, AZ 85021	Blue Cross and Blue Shield of Arizona		175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec. V.P. & COO	Payroll Deduction	(\$25.00 bi-weekly)
	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Bulla 2444 W. Las Palmaritas Drive Phoenix, AZ 85021	Blue Cross and Blue Shield of Arizona		175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & CEO	Payroll Deduction	(\$25.00 bi-weekly)
	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David McIntyre 2444 W. Las Palmaritas Drive Phoenix, AZ 85021	Blue Cross and Blue Shield of Arizona		150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.-Govn. Relations	Payroll Deduction	(\$25.00 bi-weekly)
	Aggregate Year-to-Date > \$ 275.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Vandebosch 2444 W. Las Palmaritas Drive Phoenix, AZ 85021	Blue Cross and Blue Shield of Arizona		140.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr.V.P.-Med. Affairs	Payroll Deduction	(\$20.00 bi-weekly)
	Aggregate Year-to-Date > \$ 240.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

640.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

CONTRIBUTIONS TO FEDERAL CANDIDATES

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

NAME OF COMMITTEE (in Full)

Healthy Government Committee - The Political Action Committee of Blue Cross and Blue Shield of Arizona

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Matt Salmon for Congress 4535 S. Lakeshore Drive, Suite 105 Tempe, AZ 85252	Matt Salmon, U.S. House of Reps, AZ, Dist. 1 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/20/95 issued 6/18/96 voided	(150.00) LOST IN MAIL
Matt Salmon for Congress 4535 S. Lakeshore Drive, Suite 105 Tempe, AZ 85252	Matt Salmon, U.S. House of Reps, AZ, Dist. 1 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/18/96	150.00
John Shadegg for Congress P.O. Box 45444 Phoenix, AZ 85064	John Shadegg, U.S. House of Reps, AZ, Dist. 4 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/96	150.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

150.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee - The Political Action Committee of Blue Cross and Blue Shield of Arizona

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Arizona Democratic Party 2005 N. Central Ave., Suite 180 Phoenix, AZ 85004	Funds to be used for Democratic state candidates Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/96	600.00
Arizona Republican Party 3501 N. 24th St. Phoenix, AZ 85016	Funds to be used for Republican state candidates Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/96	600.00
Bayless for Supervisor 19601 N. 37th Way Phoenix, AZ 85024	Betsey Bayless, Maricopa County Supervisor, Dist. 3 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/96	150.00
Committee to Reelect Mary Rose Wilcox 5323 W. Vernon Phoenix, AZ 85035	Mary Rose Wilcox, Maricopa Co. Supervisor Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/95 issued 5/31/96 voided	(200.00) LOST IN MAIL
Committee to Reelect Mary Rose Wilcox 5323 W. Vernon Phoenix, AZ 85035	Mary Rose Wilcox, Maricopa Co. Supervisor Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/96	200.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,350.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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J. A. Q.
PREPARER

7/8/96
DATE PREPARED