

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

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

ADDRESS (number and street)

P.O. BOX 13466

Check if different  
than previously  
reported. (ACC)

PHOENIX

AZ

85002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00215202

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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 (12S)

Election on

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

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
08 09 2018

through

M M / D D / Y Y Y Y Y Y  
09 30 2018

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

Ragan, Ashley, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Ragan, Ashley, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 15 2018

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 09 2018 To: M M / D D / Y Y Y Y Y Y  
09 30 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2018</span>		<span style="border: 1px solid black; padding: 2px;">36951.95</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">29861.95</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">3508.00</span>	<span style="border: 1px solid black; padding: 2px;">23118.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">33369.95</span>	<span style="border: 1px solid black; padding: 2px;">60069.95</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">4300.00</span>	<span style="border: 1px solid black; padding: 2px;">31000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">29069.95</span>	<span style="border: 1px solid black; padding: 2px;">29069.95</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	8

**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).....

2537.00

8079.00

(ii) Unitemized .....

971.00

15039.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

3508.00

23118.00

(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) .....

3508.00

23118.00

## 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)) .....

3508.00

23118.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

3508.00

23118.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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.....	0.00	11000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	4300.00	20000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4300.00	31000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4300.00	31000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3508.00	23118.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3508.00	23118.00
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 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Allen, Janet Michelle, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)

Compensation/HR Projects Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7413

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Araiza, Teresa M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)

Director, Claims Regional Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7177

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Araiza, Teresa M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)

Director, Claims Regional Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

640.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7265

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

122.00

# **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 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Araiza, Teresa M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)  
Director, Claims Regional Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2018

Transaction ID : SA11AI.7359

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Arthur, William D, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
V. P. Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : SA11AI.7178

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Arthur, William D, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
V. P. Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2018

Transaction ID : SA11AI.7266

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

90.00

# **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 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Arthur, William D, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
V. P. Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2018

Transaction ID : SA11AI.7360

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Arvin, Michael, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Mgr- Cloud Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : SA11AI.7255

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Arvin, Michael, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Mgr- Cloud Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2018

Transaction ID : SA11AI.7267

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

85.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Arvin, Michael, , ,

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Mgr- Cloud Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2018

Transaction ID : SA11AI.7430

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aspery, Daniel P, , ,

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Corp Medical Dir-Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : SA11AI.7202

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Aspery, Daniel P, , ,

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Corp Medical Dir-Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2018

Transaction ID : SA11AI.7268

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Aspery, Daniel P, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Corp Medical Dir-Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7384

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Beranek, Kathi Jean Tees, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7231

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Beranek, Kathi Jean Tees, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7270

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

50.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Beranek, Kathi Jean Tees, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Dir- Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7409

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brutlag, James A, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)  
V.P. Underwriting & Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7172

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brutlag, James A, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)  
V.P. Underwriting & Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

640.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7275

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

95.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brutlag, James A, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)

V.P. Underwriting & Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7354

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Buchta, Kathy Lynn, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Medcl Rgltn Policy & Reviw

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7258

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Buchta, Kathy Lynn, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Medcl Rgltn Policy & Reviw

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7276

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

70.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Buchta, Kathy Lynn, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Medcl Rgltn Polcy & Reviw

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7432

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chandler, Helen J, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. V.P. Chief Service Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7168

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Chandler, Helen J, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. V.P. Chief Service Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7279

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

65.00

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

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chandler, Helen J, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. V.P. Chief Service Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2018

Transaction ID : SA11AI.7350

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DiChiara, Jennifer Carol, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir-Provider Quality Assurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : SA11AI.7205

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DiChiara, Jennifer Carol, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir-Provider Quality Assurance

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  
09 / 09 / 2018

Transaction ID : SA11AI.7284

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

55.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DiChiara, Jennifer Carol, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir-Provider Quality Assurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7387

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ettling, Kimberly M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Federal Employee Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7194

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ettling, Kimberly M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Federal Employee Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7289

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 16 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ettling, Kimberly M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Federal Employee Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2018

Transaction ID : SA11AI.7376

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ginzinger, Beth B, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : SA11AI.7260

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ginzinger, Beth B, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2018

Transaction ID : SA11AI.7293

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

65.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ginzinger, Beth B, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
09 / 23 / 2018

Transaction ID : SA11AI.7434

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jackson, Sherilyn M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
CNO, VP Operations Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
08 / 12 / 2018

Transaction ID : SA11AI.7181

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jackson, Sherilyn M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
CNO, VP Operations Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
09 / 09 / 2018

Transaction ID : SA11AI.7300

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

55.00

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

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

FOR LINE NUMBER: PAGE 18 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jackson, Sherilyn M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

CNO, VP Operations Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7363

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kaufman, Jennifer Beth, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

VP- Marketing & Corporate Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7254

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kaufman, Jennifer Beth, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

VP- Marketing & Corporate Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7301

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

55.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kaufman, Jennifer Beth, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

VP- Marketing & Corporate Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2018

Transaction ID : SA11AI.7429

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kehaly, Pamela Dianne, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : SA11AI.7259

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kehaly, Pamela Dianne, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2018

Transaction ID : SA11AI.7302

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

70.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kehaly, Pamela Dianne, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2018

Transaction ID : SA11AI.7433

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kimball, Molly Childers, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : SA11AI.7217

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kimball, Molly Childers, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Chief of Staff

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  
09 / 09 / 2018

Transaction ID : SA11AI.7304

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

55.00

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kimball, Molly Childers, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2018

Transaction ID : SA11AI.7396

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mack, Scott W, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : SA11AI.7183

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mack, Scott W, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Actuarial Services

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  
09 / 09 / 2018

Transaction ID : SA11AI.7306

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mack, Scott W, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Dir- Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2018

Transaction ID : SA11AI.7365

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mandrola, Thomas M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Dir- Large Group Sales/Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : SA11AI.7249

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mandrola, Thomas M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Dir- Large Group Sales/Support

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  
09 / 09 / 2018

Transaction ID : SA11AI.7307

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 23 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mandrola, Thomas M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Large Group Sales/Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2018

Transaction ID : SA11AI.7424

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mattson, Kathryn Denise, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Indiv/SG Sales & Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2018

Transaction ID : SA11AI.7204

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mattson, Kathryn Denise, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Indiv/SG Sales & Support

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  
09 / 09 / 2018

Transaction ID : SA11AI.7310

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mattson, Kathryn Denise, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Indiv/SG Sales & Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7386

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mentz, Jody Kristine, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- ICS Production Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7180

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mentz, Jody Kristine, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- ICS Production Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7313

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 25 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mentz, Jody Kristine, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- ICS Production Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7362

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Messina, Elizabeth A, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)

Sr. V.P. CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7236

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Messner, Christopher M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Speciality Enterprise

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7238

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

65.00

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

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Messner, Christopher M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Speciality Enterprise

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7314

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Messner, Christopher M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Speciality Enterprise

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7414

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meyer, Laura Gartland, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Special Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7219

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

50.00

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

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

FOR LINE NUMBER: PAGE 27 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meyer, Laura Gartland, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Special Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7315

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Meyer, Laura Gartland, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Special Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7398

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Montgomery, Cynthia L, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
VP- Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7192

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

55.00

# **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 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Montgomery, Cynthia L, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
VP- Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7316

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montgomery, Cynthia L, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
VP- Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7374

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Montoya, Marcus F, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
V.P. Provider Network Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7243

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

55.00

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

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

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Montoya, Marcus F, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

V.P. Provider Network Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7317

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montoya, Marcus F, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

V.P. Provider Network Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7419

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Napoli, James G, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Enterprise Med Dir-Health Vent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7252

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

65.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Napoli, James G, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Enterprise Med Dir-Health Vent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7319

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Napoli, James G, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Enterprise Med Dir-Health Vent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7427

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. O'reilly, Martha Y, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7179

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. O'reilly, Martha Y, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Dir- Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7322

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. O'reilly, Martha Y, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Dir- Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7361

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roth, Tracy Lin, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Dir- Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7232

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

50.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roth, Tracy Lin, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Dir- Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7326

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roth, Tracy Lin, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Dir- Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7410

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Salazar, Deanna, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)  
Sr. V.P.- General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7207

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

80.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Salazar, Deanna, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)

Sr. V.P.- General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7327

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Salazar, Deanna, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)

Sr. V.P.- General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7389

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Semma, Mary M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

V.P. Corporate Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7182

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

105.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Semma, Mary M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

V.P. Corporate Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7328

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Semma, Mary M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

V.P. Corporate Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7364

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sowell, Scott M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

V.P. Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7226

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sowell, Scott M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
V.P. Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7331

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sowell, Scott M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
V.P. Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7404

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stelnik, Jeffrey M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)  
Sr. V.P. Strategy/Sales/Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7239

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

85.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stelnik, Jeffrey M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)

Sr. V.P. Strategy/Sales/Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7333

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stelnik, Jeffrey M, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Arizona, Inc

Occupation (for Individual)

Sr. V.P. Strategy/Sales/Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7415

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stone, Deidra, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Claims Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7184

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

90.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stone, Deidra, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Dir- Claims Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7334

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stone, Deidra, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Dir- Claims Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7366

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stuckey, Kimberly Dawn, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Dir- Production Support Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7250

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

55.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stuckey, Kimberly Dawn, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Production Support Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7335

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stuckey, Kimberly Dawn, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Production Support Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7425

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tilton, Michael Poul, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

V.P. Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7248

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

55.00

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

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

FOR LINE NUMBER: PAGE 39 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tilton, Michael Poul, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
V.P. Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7338

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tilton, Michael Poul, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
V.P. Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7423

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tucker, Su S, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7193

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

70.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tucker, Su S, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7341

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tucker, Su S, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7375

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VonBerge, Sherri Lynn, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield of AZ

Occupation (for Individual)  
Dir - Client Implementation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7203

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

65.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VonBerge, Sherri Lynn, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Client Implementation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11Al.7344

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VonBerge, Sherri Lynn, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Client Implementation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11Al.7385

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wandoloski, Matthew John, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

V.P. Strategy & Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11Al.7242

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wandoloski, Matthew John, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

V.P. Strategy & Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7345

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wandoloski, Matthew John, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

V.P. Strategy & Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7418

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Wells, Gregory S, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

V.P. HR & Employee Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7229

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wells, Gregory S, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

V.P. HR & Employee Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7347

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wells, Gregory S, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

V.P. HR & Employee Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7407

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Winkler, Rachel Amanda, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Product & Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 12 / 2018

Transaction ID : SA11AI.7206

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

65.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Winkler, Rachel Amanda, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Product & Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 09 / 2018

Transaction ID : SA11AI.7348

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Winkler, Rachel Amanda, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir- Product & Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.7388

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

30.00

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

2537.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 46

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

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 &amp; BLUE SHIELD OF

Full Name (Last, First, Middle Initial)

**A. Brotherton for State House**

Mailing Address 2034 W. Windsor Ave

City  
PhoenixState  
AZZip Code  
85009

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB29.7450

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ducey for Governor**

Mailing Address P.O. Box 12558

City  
TempeState  
AZZip Code  
85284

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB29.7452

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SIERRA FOR ARIZONA**

Mailing Address P.O Box 1002

City  
CashionState  
AZZip Code  
85329Purpose of Disbursement  
Contribution to a nonfederal Political Action Committee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	3			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB29.7437

Amount of Each Disbursement this Period

300.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1700.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 46

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Vote Nora Ellen**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2018

Mailing Address 901 N. Alma School Road, Unit 84

City  
ChandlerState  
AZZip Code  
85224

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.7445

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Vote Rick Gray Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Mailing Address 9521 W. Cedar Hill Circle

City  
CityState  
AZZip Code  
85351

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.7459

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WENINGER FOR AZ HOUSE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Mailing Address 1360 W. Camellia Ct

City  
ChandlerState  
AZZip Code  
85286

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.7457

Amount of Each Disbursement this Period

400.00

☐ Memo Item

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

1200.00

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

2900.00