

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C00215202 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 23 2010 through 12 31 2010

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

Type or Print Name of Treasurer Ms Kathryn Baker

Signature of Treasurer Electronically Filed by Ms Kathryn Baker Date 01 27 2010

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		3764.95
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	3296.95									
(c) Total Receipts (from Line 19)	1945.00	24537.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5241.95	28301.95								
7. Total Disbursements (from Line 31)	3470.00	26530.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1771.95	1771.95								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	1560.00	10100.00
(ii) Unitemized	385.00	13993.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1945.00	24093.00
(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)	1945.00	24093.00
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	444.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1945.00	24537.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1945.00	24537.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	3470.00	26530.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3470.00	26530.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3470.00	26530.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1945.00	24093.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1945.00	24093.00
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 / 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Mrs. Karen Abraham	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 2444 W. Las Palmaritas Drive	Transaction ID: SA11AI.10751
	City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Blue Cross & Blue Shield of AZ Occupation Sr. VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Teresa Araiza	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address P.O. Box 13466	Transaction ID: SA11AI.10754
	City State Zip Code Phoenix AZ 85002-3466	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Blue Cross Blue Shield of AZ Occupation Manager, Claims Customer Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Mr. William Arthur	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 2444 W. Las Palmaritas	Transaction ID: SA11AI.10755
	City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BCBSAZ Occupation V.P. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Daniel Aspery

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation vice president

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10761

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10763

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10765

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Nancy Barrette		Date of Receipt
	Mailing Address P.O. Box 13466		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85002
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.10766
Name of Employer BCBSAZ		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 240.00	

B.	Full Name (Last, First, Middle Initial) Cindy M Bell		Date of Receipt
	Mailing Address P.O. Box 13466		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85002-3466
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.10768
Name of Employer Blue Cross Blue Shield of AZ		Occupation Director, E-Solutions	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 240.00	

C.	Full Name (Last, First, Middle Initial) Cameron Black		Date of Receipt
	Mailing Address P.O. Box 13466		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85002-3466
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.10771
Name of Employer Blue Cross Blue Shield of AZ		Occupation Director, Treasury	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 360.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 70.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 29
(check only one)

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

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

A.

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

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer
Blue Cross & Blue Shield of Arizona

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.10773

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer
Blue Cross & Blue Shield of Arizona

Occupation
Staffing Specialist/EEO Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.10775

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Bill Bruno

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer
BCBSAZ

Occupation
Small Group Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.10776

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt: 12 / 16 / 2010
Transaction ID: SA11AI.10777
 Amount of Each Receipt this Period: 80.00

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

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer: BCBSAZ
Occupation: Actuarial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 16 / 2010
Transaction ID: SA11AI.10778
 Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Mrs. Helen Chandler

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer: Blue Cross & Blue Shield of Arizona
Occupation: Sr. V.P.-Claims & Federal Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 16 / 2010
Transaction ID: SA11AI.10780
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 180.00

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 11 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lisa Cherney
Mailing Address P. O. Box 13466
City Phoenix State AZ Zip Code 85002
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSAZ Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 12 / 16 / 2010
Transaction ID: SA11AI.10781
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Kathy Dierks
Mailing Address P. O. Box 13466
City Phoenix State AZ Zip Code 85002
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSAZ Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00
Date of Receipt 12 / 16 / 2010
Transaction ID: SA11AI.10785
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Gerry Farmer
Mailing Address P. O. Box 13466
City Phoenix State AZ Zip Code 85002
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSAZ Occupation V.P.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 12 / 16 / 2010
Transaction ID: SA11AI.10789
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 70.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

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

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

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

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	1	0

Transaction ID: SA11AI.10791

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Barbara Guerriero

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation vice president

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	1	0

Transaction ID: SA11AI.10794

Amount of Each Receipt this Period
20.00

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

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer Blue Cross & Blue Shield of Arizona Occupation Sr. V.P.-External Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	1	0

Transaction ID: SA11AI.10796

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher Hogan

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer Occupation
BCBSAZ V.P.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10798

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Cathy Huskey

Mailing Address 2444 West Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer Occupation
BCBSAZ director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10800

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Bonnie Irwin

Mailing Address 2444 W. Las Palmaritas

City State Zip Code
Phoenix AZ 85021

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

Name of Employer Occupation
BCBSAZ vice president

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10801

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) ▶

70.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 29
(check only one)

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

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

A.

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

Mailing Address 2444 W Las Palmaritas

City State Zip Code
Phoenix AZ 85021

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

Name of Employer BCBSAZ Occupation vice president

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10803

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10802

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10807

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 70.00

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

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

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

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

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

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

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer BCBSAZ Occupation vice president

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10808

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Robyn Mauser

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10813

Amount of Each Receipt this Period
20.00

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

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation vice president

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10814

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 80.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

A.

Full Name (Last, First, Middle Initial)

Susan Meitz

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer Occupation
BCBSAZ manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10815

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)

elizabeth messina

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer Occupation
BCBSAZ SVP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10816

Amount of Each Receipt this Period
70.00

C.

Full Name (Last, First, Middle Initial)

laura meyer

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer Occupation
BCBSAZ Lawyer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10817

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶

110.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 29
(check only one)

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

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

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

Mailing Address 2444 W. Las Palmaritas

City State Zip Code
Phoenix AZ 85021

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

Name of Employer BCBSAZ Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.10818

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Cindy Montgomery

Mailing Address P. O. box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer bcbsaz Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.10819

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Mrs. Susan Nash

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

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

Name of Employer Blue Cross & Blue Shield of Arizona Occupation V.P.-Federal Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.10822

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

A.

Full Name (Last, First, Middle Initial)

Mrs. Susan Navran

Mailing Address 2444 W. Las Palmaritas

City State Zip Code
Phoenix AZ 85021

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

Name of Employer Occupation
BCBSAZ Executive V.P.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10824

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)

robert nenad

Mailing Address P. O. BOX 13466

City State Zip Code
PHOENIX AZ 85002

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

Name of Employer Occupation
BCBSAZ

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10825

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)

Marty O'Reilly

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer Occupation
BCBSAZ Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10826

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶

70.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 29
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of BCBSAZ

A.

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

Mailing Address P. O. box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer bcbsaz Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.10827

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Pam Ray

Mailing Address 2444 W. Las Palmaritas

City State Zip Code
Phoenix AZ 85021

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

Name of Employer BCBSAZ Occupation vice president

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.10833

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Adam Rice

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.10834

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **70.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Deanna Salazar		Date of Receipt
	Mailing Address P. O. Box 13466		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10836
Name of Employer BCBSAZ		Occupation Sr. Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) debbie scoles		Date of Receipt
	Mailing Address p. o. box 13466		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 6 / 2 0 1 0
	City	State	Zip Code
	phoenix	AZ	85002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10838
Name of Employer bcbsaz		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) Mary Semma		Date of Receipt
	Mailing Address P. O. Box 13466		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10839
Name of Employer BCBSAZ		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text"/> 30.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 29
(check only one)

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

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

A.

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

Mailing Address P O Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10844

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer bcbsaz Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10843

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Deidra Stone

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002-3466

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

Name of Employer Blue Cross Blue Shield of AZ Occupation Director, Claims Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10845

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rebecca Thompson

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002-3466

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

Name of Employer: Blue Cross Blue Shield of AZ Occupation: Manager, Business Informatics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 16 / 2010
Transaction ID: SA11AI.10847
Amount of Each Receipt this Period: 20.00

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

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer: BCBSAZ Occupation: Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 16 / 2010
Transaction ID: SA11AI.10848
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Mrs. Carol Von Fange

Mailing Address 2444 W. Las Palmaritas

City State Zip Code
Phoenix AZ 85021

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

Name of Employer: BCBSAZ Occupation: Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 16 / 2010
Transaction ID: SA11AI.10850
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 70.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

A.

Full Name (Last, First, Middle Initial)

Neil Eugene Wilson

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002-3466

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10856

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Rachel Winkler

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002

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

Name of Employer Occupation
BCBSAZ Senior Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10857

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

1560.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Committee to Elect Sylvia T. Allen 2010</p> <p>Mailing Address P.O. Box 952</p> <p>City Snowflake State AZ Zip Code 85937</p> <p>Purpose of Disbursement Original check #1704 returned uncashed. Committee PACd out.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10914 Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period -200.00</p>
<p>B. Full Name (Last, First, Middle Initial) Committee to Re-Elect Chad Campbell</p> <p>Mailing Address P.O. Box 25456</p> <p>City Phoenix State AZ Zip Code 85002</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10878 Date of Disbursement 12 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p>C. Full Name (Last, First, Middle Initial) Elect David Smith</p> <p>Mailing Address 4310 N. 75th Street</p> <p>City Scottsdale State AZ Zip Code 85251</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10882 Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

200.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Elect J.D. Mesnard <hr/> Mailing Address 1427 W. Homestead Ct <hr/> City Chandler State AZ Zip Code 85286 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.10872 Date of Disbursement <input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="150.00"/>
B.	Full Name (Last, First, Middle Initial) Elect Rich Crandall <hr/> Mailing Address P.O. Box 31990 <hr/> City Mesa State AZ Zip Code 85257 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.10894 Date of Disbursement <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2010"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="200.00"/>
C.	Full Name (Last, First, Middle Initial) Friends of Adam Driggs <hr/> Mailing Address 4231 E. Clarendon <hr/> City Phoenix State AZ Zip Code 85018 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.10897 Date of Disbursement <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2010"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="200.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="550.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of John McComish Mailing Address 4463 E. Desert View Dr. City Phoenix State AZ Zip Code 85044 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.10888 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 1 0 Amount of Each Disbursement this Period <input type="text" value="400.00"/>
B.	Full Name (Last, First, Middle Initial) Friends of John Nelson Mailing Address 14044 W. Greentree Dr. S. City Litchfield Park State AZ Zip Code 85340 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.10899 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 1 0 Amount of Each Disbursement this Period <input type="text" value="200.00"/>
C.	Full Name (Last, First, Middle Initial) Jeff Dial 2012 Mailing Address 2936 W. Gregg Dr City Chandler State AZ Zip Code 85224 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.10892 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 1 0 Amount of Each Disbursement this Period <input type="text" value="200.00"/>

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

A.	Full Name (Last, First, Middle Initial) Klein for Senate <hr/> Mailing Address 3637 W. Medinah Court <hr/> City Anthem State AZ Zip Code 85086 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.10886 Date of Disbursement <input type="text"/> 1 2 / <input type="text"/> 2 2 / <input type="text"/> 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text"/> 200.00
B.	Full Name (Last, First, Middle Initial) McCune-Davis House Campaign <hr/> Mailing Address 2634 N. 20th Avenue <hr/> City Phoenix State AZ Zip Code 85009 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.10880 Date of Disbursement <input type="text"/> 1 2 / <input type="text"/> 1 0 / <input type="text"/> 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text"/> 200.00
C.	Full Name (Last, First, Middle Initial) Pearce for Arizona <hr/> Mailing Address 1247 E. Inca Street <hr/> City Mesa State AZ Zip Code 85203 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.10874 Date of Disbursement <input type="text"/> 1 2 / <input type="text"/> 1 0 / <input type="text"/> 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text"/> 410.00

SUBTOTAL of Disbursements This Page (optional)	<input type="text"/> 810.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

A.	Full Name (Last, First, Middle Initial) Robert Meza State Senate 2012 Mailing Address 1833 W. Lewis Avenue City Phoenix State AZ Zip Code 85007 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10876 Date of Disbursement 12 / 10 / 2010 Amount of Each Disbursement this Period 410.00
B.	Full Name (Last, First, Middle Initial) Robson 2012 Mailing Address 381 N. Arizona Ave City Chandler State AZ Zip Code 85225 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10890 Date of Disbursement 12 / 30 / 2010 Amount of Each Disbursement this Period 200.00
C.	Full Name (Last, First, Middle Initial) Vote Forese Mailing Address 6836 S. Birdie Way City Gilbert State AZ Zip Code 85298 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10869 Date of Disbursement 11 / 29 / 2010 Amount of Each Disbursement this Period 150.00

SUBTOTAL of Disbursements This Page (optional) ▶

760.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

A.

Full Name (Last, First, Middle Initial)

VOTE Heather Carter

Mailing Address 4815 E. Carefree Highway
Suite 108 No. 269

City Cave Creek State AZ Zip Code 85331

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.10887

Date of Disbursement

12 / 22 / 2010

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Yarbrough/Senate

Mailing Address 2241 E. Pecos Rd, Ste. 3

City Chandler State AZ Zip Code 85225

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.10868

Date of Disbursement

11 / 29 / 2010

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional) ▶

350.00

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

3470.00