

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 07 01 2006 through 09 30 2006

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 10 13 2006

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

**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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		7753.88
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	7317.88									
(c) Total Receipts (from Line 19) .....	5502.00	16566.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	12819.88	24319.88								
7. Total Disbursements (from Line 31) .....	1129.00	12629.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11690.88	11690.88								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	2730.00	3840.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	2772.00	12726.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5502.00	16566.00
(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) .....	5502.00	16566.00
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 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)) .....	5502.00	16566.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5502.00	16566.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	1100.00	12600.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	29.00	29.00
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))..	1129.00	12629.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1129.00	12629.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5502.00	16566.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5502.00	16566.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<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	

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

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 AZ

Occupation  
V.P.-Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.7586

Amount of Each Receipt this Period  
90.00

**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. & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.7590

Amount of Each Receipt this Period  
150.00

**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 ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.7591

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	390.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Richard Boals</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 2444 W. Las Palmaritas Drive		<b>Transaction ID: SA11A1.7597</b>
City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross & Blue Shield of Arizona	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Ms Susan Broadman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 2444 W. Las Palmaritas Drive		<b>Transaction ID: SA11A1.7599</b>
City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross & Blue Shield of Arizona	Occupation Staffing Specialist/EEO Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. James Brutlag</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 2444 W. Las Palmaritas Drive		<b>Transaction ID: SA11A1.7600</b>
City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross & Blue Shield of Arizona	Occupation V.P.-Underwriting & Actuarial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

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

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

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

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 ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.7604

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Kathy Clubine

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 mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.7606

Amount of Each Receipt this Period  
90.00

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

Mailing Address 2444 W. Las Palmaritas

City State Zip Code  
Phoenix AZ 85002

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

Name of Employer Blue Cross and Blue Shield  
Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.7608

Amount of Each Receipt this Period  
90.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	330.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<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)  
Mr. Jim Dunlap

Mailing Address 2444 W. Las Palmaritas

City State Zip Code  
Phoenix AZ 85021

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

Name of Employer BCBSAZ Occupation director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.7612

Amount of Each Receipt this Period  
90.00

**B.** 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 ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.7624

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Lynnette Hirst

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 Director-Local Business Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.7625

Amount of Each Receipt this Period  
90.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>330.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Bonnie Irwin		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 2444 W. Las Palmaritas		Transaction ID: SA11A1.7630
City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BCBSAZ	Occupation vice president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Sheri Jackson		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 2444 W Las Palmaritas		Transaction ID: SA11A1.7632
City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BCBSAZ	Occupation vice president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Marty Laurel		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 2444 W. Las Palmaritas Drive		Transaction ID: SA11A1.7635
City State Zip Code Phoenix AL 85021	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BCBSAZ	Occupation vice president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	270.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	90.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 17
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Vicky McDonald</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address P. O. Box 13466		<b>Transaction ID: SA11A1.7641</b>
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer BCBSAZ	Occupation vice president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Lyn McKay</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 2444 W. Las Palmaritas		<b>Transaction ID: SA11A1.7642</b>
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Blue Cross and Blue Shield of Arizona	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Jody Miller</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 2444 W. Las Palmaritas		<b>Transaction ID: SA11A1.7646</b>
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Blue Cross and Blue Shield of Arizona	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 17		
	<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

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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 85002

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.7654

Amount of Each Receipt this Period  
90.00

**B.** Full Name (Last, First, Middle Initial)  
Linda Oldershaw

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 ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.7657

Amount of Each Receipt this Period  
90.00

**C.** Full Name (Last, First, Middle Initial)  
ann parsons

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 ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.7661

Amount of Each Receipt this Period  
90.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	270.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) <b>A. Adam Rice</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2006
Mailing Address P. O. Box 13466		<b>Transaction ID: SA11A1.7667</b>
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer BCBSAZ	Occupation director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Deanna Salazar</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2006
Mailing Address P. O. Box 13466		<b>Transaction ID: SA11A1.7669</b>
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer BCBSAZ	Occupation vice president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Emily Schroeder</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2006
Mailing Address P. O. Box 13466		<b>Transaction ID: SA11A1.7670</b>
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer BCBSAZ	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 17
	(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)  
Mary Semma

Mailing Address P. O. Box 13466

City State Zip Code  
Phoenix AZ 85002

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

Name of Employer BCBSAZ Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	6

**Transaction ID:** SA11A1.7672

Amount of Each Receipt this Period  
90.00

**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 ▼  
270.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	6

**Transaction ID:** SA11A1.7678

Amount of Each Receipt this Period  
90.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2730.00

# 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)

PAGE 15 / 17

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

Full Name (Last, First, Middle Initial) <b>A. Albert Tom for State Representative</b>		<b>Transaction ID: SB22.7690</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address P. O. Box 542		Amount of Each Disbursement this Period 100.00
City Chambers State AZ Zip Code 86502		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Friends of John McComish</b>		<b>Transaction ID: SB22.7688</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 4463 E. Desert View		Amount of Each Disbursement this Period 200.00
City Phoenix State AZ Zip Code 85044		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Hayworth for Congress</b>		<b>Transaction ID: SB22.7693</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address P. O. Box 14273		Amount of Each Disbursement this Period 500.00
City Scottsdale State AZ Zip Code 85267		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	800.00
<b>TOTAL</b> 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)

PAGE 16 / 17

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jerry Weiers 2006</p> <p>Mailing Address 5025 N. 81st Drive</p> <p>City Glendale State AZ Zip Code 85303</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                  State: District:</p>		<p><b>Transaction ID:</b> SB22.7698</p> <p>Date of Disbursement  <input type="text"/> <sup>M</sup> <input type="text"/> <sup>M</sup> / <input type="text"/> <sup>D</sup> <input type="text"/> <sup>D</sup> / <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup>                  07 / 12 / 2006</p> <p>Amount of Each Disbursement this Period  <input type="text"/> 150.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nancy Barto 2006</p> <p>Mailing Address 3631 E. Rockwood Drive</p> <p>City Phoenix State AZ Zip Code 85050</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                  State: District:</p>		<p><b>Transaction ID:</b> SB22.7686</p> <p>Date of Disbursement  <input type="text"/> <sup>M</sup> <input type="text"/> <sup>M</sup> / <input type="text"/> <sup>D</sup> <input type="text"/> <sup>D</sup> / <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup>                  07 / 13 / 2006</p> <p>Amount of Each Disbursement this Period  <input type="text"/> 150.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text"/> 300.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 1100.00



# 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)

PAGE 17 / 17

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

Full Name (Last, First, Middle Initial)

**A.** Wells Fargo Bank

Mailing Address 100 W. Washington

City Phoenix State AZ Zip Code 85003

Purpose of Disbursement  
Stop payment fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.7695

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**29.00**

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

**29.00**