

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

Office Use Only

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

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

ADDRESS (number and street)

P.O. Box 13466

Check if different
than previously
reported. (ACC)

Phoenix

AZ

85002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00215202

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

C C

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

C C

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Abraham, Karen, , Mrs.,

Type or Print Name of Treasurer

Signature of Treasurer

Abraham, Karen, , Mrs.,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		23237.95
(b) Cash on Hand at Beginning of Reporting Period.....	17723.95	
(c) Total Receipts (from Line 19)	9726.00	18962.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	27449.95	42199.95
7. Total Disbursements (from Line 31).....	2200.00	16950.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	25249.95	25249.95
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	7

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	7

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).....	4782.00	5676.00
(ii) Unitemized	4944.00	13286.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9726.00	18962.00
(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)	9726.00	18962.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9726.00	18962.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9726.00	18962.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	9000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	200.00	7950.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2200.00	16950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2200.00	16950.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9726.00	18962.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9726.00	18962.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Abraham, Karen, , Mrs.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. VP, CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

Transaction ID : SA11AI.19807

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Abraham, Karen, , Mrs.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. VP, CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2017

Transaction ID : SA11AI.19907

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Abraham, Karen, , Mrs.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. VP, CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : SA11AI.20008

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

105.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Abraham, Karen, , Mrs.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. VP, CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2017

Transaction ID : SA11AI.20107

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Abraham, Karen, , Mrs.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. VP, CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2017

Transaction ID : SA11AI.20212

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Abraham, Karen, , Mrs.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. VP, CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2017

Transaction ID : SA11AI.20317

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

105.00

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 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Allen, Janet, , ,

Mailing Address 2444 W. Las Palmaritras

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Compensation/HR Projects Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

04 / 13 / 2017

Transaction ID : SA11AI.19811

Amount of Each Receipt this Period

42.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Allen, Janet, , ,

Mailing Address 2444 W. Las Palmaritras

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Compensation/HR Projects Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

04 / 23 / 2017

Transaction ID : SA11AI.19911

Amount of Each Receipt this Period

42.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Allen, Janet, , ,

Mailing Address 2444 W. Las Palmaritras

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Compensation/HR Projects Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

05 / 07 / 2017

Transaction ID : SA11AI.20012

Amount of Each Receipt this Period

42.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

126.00

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

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

FOR LINE NUMBER: PAGE 9 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Allen, Janet, , ,

Mailing Address 2444 W. Las Palmaritras

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Compensation/HR Projects Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2017

Transaction ID : SA11AI.20111

Amount of Each Receipt this Period

42.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Allen, Janet, , ,

Mailing Address 2444 W. Las Palmaritras

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Compensation/HR Projects Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2017

Transaction ID : SA11AI.20216

Amount of Each Receipt this Period

42.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Allen, Janet, , ,

Mailing Address 2444 W. Las Palmaritras

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Compensation/HR Projects Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2017

Transaction ID : SA11AI.20321

Amount of Each Receipt this Period

42.00

☐ Memo Item

Contribution to a non federal election campaign

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

126.00

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 10 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Anderson, Garrett, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Chief Technology Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 07 / 2017

Transaction ID : SA11AI.20013

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Anderson, Garrett, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Chief Technology Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2017

Transaction ID : SA11AI.20112

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to an non federal election campaign

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

C. Anderson, Garrett, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Chief Technology Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20217

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Anderson, Garrett, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Chief Technology Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2017

Transaction ID : SA11AI.20322

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Araiza, Teresa, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Claims Regional Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
04 / 13 / 2017

Transaction ID : SA11AI.19813

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Araiza, Teresa, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Claims Regional Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY
04 / 23 / 2017

Transaction ID : SA11AI.19913

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

105.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Araiza, Teresa, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Claims Regional Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 07 / 2017

Transaction ID : SA11AI.20014

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Araiza, Teresa, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Claims Regional Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 21 / 2017

Transaction ID : SA11AI.20113

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to an non federal election campaign

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

C. Araiza, Teresa, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Claims Regional Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20218

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

120.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Araiza, Teresa, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Claims Regional Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 18 / 2017

Transaction ID : SA11AI.20323

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Arthur, William, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P. - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 07 / 2017

Transaction ID : SA11AI.20015

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Arthur, William, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P. - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2017

Transaction ID : SA11AI.20114

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to an non federal election campaign

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 14 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Arthur, William, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P. - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2017

Transaction ID : SA11AI.20219

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Arthur, William, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P. - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2017

Transaction ID : SA11AI.20325

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Arvin, Micheal, , ,

Mailing Address 2444 W. Las Palmaritas Dr.

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Manager Infrastructure Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

Transaction ID : SA11AI.19815

Amount of Each Receipt this Period

30.00

☐ Memo Item

Contribution to a non federal election campaign

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 15 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Arvin, Micheal, , ,

Mailing Address 2444 W. Las Palmaritas Dr.

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Manager Infrastructure Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

04 / 23 / 2017

Transaction ID : SA11AI.19915

Amount of Each Receipt this Period

30.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Arvin, Micheal, , ,

Mailing Address 2444 W. Las Palmaritas Dr.

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Manager Infrastructure Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 07 / 2017

Transaction ID : SA11AI.20016

Amount of Each Receipt this Period

30.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Arvin, Micheal, , ,

Mailing Address 2444 W. Las Palmaritas Dr.

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Manager Infrastructure Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 21 / 2017

Transaction ID : SA11AI.20115

Amount of Each Receipt this Period

30.00

☐ Memo Item

Contribution to an non federal election campaign

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

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

90.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Arvin, Micheal, , ,

Mailing Address 2444 W. Las Palmaritas Dr.

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Manager Infrastructure Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20220

Amount of Each Receipt this Period

30.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Arvin, Micheal, , ,

Mailing Address 2444 W. Las Palmaritas Dr.

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Manager Infrastructure Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 18 / 2017

Transaction ID : SA11AI.20324

Amount of Each Receipt this Period

30.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Aspery, M.D., Daniel, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20221

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

80.00

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

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

FOR LINE NUMBER: PAGE 17 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Aspery, M.D., Daniel, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 18 / 2017

Transaction ID : SA11AI.20326

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Boals, Richard, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 07 / 2017

Transaction ID : SA11AI.20023

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Boals, Richard, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2017

Transaction ID : SA11AI.20122

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to an non federal election campaign

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 18 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Boals, Richard, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20227

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Boals, Richard, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 18 / 2017

Transaction ID : SA11AI.20332

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Brutlag, James, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P.-Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

04 / 13 / 2017

Transaction ID : SA11AI.19824

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

90.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Brutlag, James, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P.-Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 23 / 2017

Transaction ID : SA11AI.19924

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Brutlag, James, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P.-Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 07 / 2017

Transaction ID : SA11AI.20025

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Brutlag, James, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P.-Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 21 / 2017

Transaction ID : SA11AI.20124

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to an non federal election campaign

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

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

120.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Brutlag, James, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P.-Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20229

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Brutlag, James, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P.-Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 18 / 2017

Transaction ID : SA11AI.20334

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Burnham, Rebecca, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2017

Transaction ID : SA11AI.19801

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

330.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Chandler, Helen, , Mrs.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP Chief Servc Officer/Custmr Srvc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 07 / 2017

Transaction ID : SA11AI.20029

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Chandler, Helen, , Mrs.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP Chief Servc Officer/Custmr Srvc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2017

Transaction ID : SA11AI.20129

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

c. Chandler, Helen, , Mrs.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP Chief Servc Officer/Custmr Srvc

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20233

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 22 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Chandler, Helen, , Mrs.,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP Chief Servc Officer/Custmr Srvc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2017

Transaction ID : SA11AI.20338

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Coor, Lattie, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2017

Transaction ID : SA11AI.19802

Amount of Each Receipt this Period

150.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Gibson, Sandy, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BCBSAZ

Occupation (for Individual)

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

Transaction ID : SA11AI.19840

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

210.00

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

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

FOR LINE NUMBER: PAGE 23 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Gibson, Sandy, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BCBSAZ

Occupation (for Individual)

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2017

Transaction ID : SA11AI.19940

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Gibson, Sandy, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BCBSAZ

Occupation (for Individual)

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : SA11AI.20041

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Gibson, Sandy, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BCBSAZ

Occupation (for Individual)

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2017

Transaction ID : SA11AI.20143

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

105.00

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 24 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Gibson, Sandy, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BCBSAZ

Occupation (for Individual)

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2017

Transaction ID : SA11AI.20246

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Gibson, Sandy, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BCBSAZ

Occupation (for Individual)

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2017

Transaction ID : SA11AI.20351

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Halvorson, Audrey, , ,

Mailing Address 2444 W. Las Palmaritas Drive

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Actuarial Services/Healthcare Econ

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
05 / 07 / 2017

Transaction ID : SA11AI.20046

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

95.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Halvorson, Audrey, , ,

Mailing Address 2444 W. Las Palmaritas Drive

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Actuarial Services/Healthcare Econ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2017

Transaction ID : SA11AI.20148

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Halvorson, Audrey, , ,

Mailing Address 2444 W. Las Palmaritas Drive

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Actuarial Services/Healthcare Econ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20251

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Halvorson, Audrey, , ,

Mailing Address 2444 W. Las Palmaritas Drive

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Actuarial Services/Healthcare Econ

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 18 / 2017

Transaction ID : SA11AI.20356

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Jhaveri, Vishu, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - CMO, Health Svcs, Ntwk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 07 / 2017

Transaction ID : SA11AI.20052

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Jhaveri, Vishu, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - CMO, Health Svcs, Ntwk Mgm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2017

Transaction ID : SA11AI.20154

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Jhaveri, Vishu, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - CMO, Health Svcs, Ntwk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20257

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Jhaveri, Vishu, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - CMO, Health Svcs, Ntwk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 18 / 2017

Transaction ID : SA11AI.20362

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Kaufman, Jennifer, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20258

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Kaufman, Jennifer, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 18 / 2017

Transaction ID : SA11AI.20363

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

65.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Messina, Elizabeth, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

Transaction ID : SA11AI.19864

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Messina, Elizabeth, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2017

Transaction ID : SA11AI.19966

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Messina, Elizabeth, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : SA11AI.20065

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

105.00

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

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

FOR LINE NUMBER: PAGE 29 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Messina, Elizabeth, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Sr VP CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2017

Transaction ID : SA11AI.20168

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Messina, Elizabeth, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Sr VP CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2017

Transaction ID : SA11AI.20270

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Messina, Elizabeth, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Sr VP CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2017

Transaction ID : SA11AI.20375

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

105.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Meyer, Laura, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Special Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2017

Transaction ID : SA11AI.20272

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Meyer, Laura, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Special Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2017

Transaction ID : SA11AI.20377

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Montoya, Marcus, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Provider Network Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
05 / 07 / 2017

Transaction ID : SA11AI.20070

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

65.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Montoya, Marcus, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Provider Network Mgnt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 21 / 2017

Transaction ID : SA11AI.20173

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Montoya, Marcus, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Provider Network Mgnt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2017

Transaction ID : SA11AI.20275

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Montoya, Marcus, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Provider Network Mgnt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2017

Transaction ID : SA11AI.20380

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 32 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Papp, Harry, , ,</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 04 / 11 / 2017</p> <p>Transaction ID : SA11AI.19804</p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p>300.00</p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>600.00</p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>Board Member</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Roth, Tracy, , ,</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 06 / 04 / 2017</p> <p>Transaction ID : SA11AI.20285</p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p>20.00</p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>220.00</p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>Sr Mgr - Technical Information</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Roth, Tracy, , ,</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 06 / 18 / 2017</p> <p>Transaction ID : SA11AI.20390</p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p>20.00</p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>240.00</p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>Sr Mgr - Technical Information</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>					
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>340.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>					

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 33 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Salazar, Deanna, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

04 / 13 / 2017

Transaction ID : SA11AI.19881

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Salazar, Deanna, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 23 / 2017

Transaction ID : SA11AI.19982

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Salazar, Deanna, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 07 / 2017

Transaction ID : SA11AI.20081

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

120.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Salazar, Deanna, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 21 / 2017

Transaction ID : SA11AI.20184

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Salazar, Deanna, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20286

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Salazar, Deanna, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 18 / 2017

Transaction ID : SA11AI.20391

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 35 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Semma, Mary, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP - Corporate Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : SA11AI.20082

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Semma, Mary, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP - Corporate Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2017

Transaction ID : SA11AI.20185

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Semma, Mary, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP - Corporate Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2017

Transaction ID : SA11AI.20287

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

75.00

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 36 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Semma, Mary, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Corporate Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2017

Transaction ID : SA11AI.20392

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Sowell, Scott, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Operational Excellence

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
05 / 07 / 2017

Transaction ID : SA11AI.20086

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Sowell, Scott, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Operational Excellence

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 21 / 2017

Transaction ID : SA11AI.20191

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Sowell, Scott, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Operational Excellence

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2017

Transaction ID : SA11AI.20294

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Sowell, Scott, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Operational Excellence

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2017

Transaction ID : SA11AI.20397

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Stelnik, Jeff, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - Strategy/Sales/Mrktng

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
04 / 13 / 2017

Transaction ID : SA11AI.19889

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

85.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Stelnik, Jeff, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - Strategy/Sales/Mrktng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2017

Transaction ID : SA11AI.19990

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Stelnik, Jeff, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - Strategy/Sales/Mrktng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : SA11AI.20089

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Stelnik, Jeff, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - Strategy/Sales/Mrktng

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2017

Transaction ID : SA11AI.20194

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

105.00

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

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

FOR LINE NUMBER: PAGE 39 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Stelnik, Jeff, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - Strategy/Sales/Mrktng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20297

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Stelnik, Jeff, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - Strategy/Sales/Mrktng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

06 / 18 / 2017

Transaction ID : SA11AI.20400

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Stone, Deidra, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director, Claims Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20298

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 40 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Stone, Deidra, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

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 Y
06 / 18 / 2017

Transaction ID : SA11AI.20401

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Tilton, Michael, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : SA11AI.20094

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Tilton, Michael, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2017

Transaction ID : SA11AI.20199

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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 41 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Tilton, Michael, , ,</p>			<p>Date of Receipt</p> <p>06 / 04 / 2017</p> <p>Transaction ID : SA11AI.20302</p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p>25.00</p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item</p> <p>Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>275.00</p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>VP - Sales</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Tilton, Michael, , ,</p>			<p>Date of Receipt</p> <p>06 / 18 / 2017</p> <p>Transaction ID : SA11AI.20405</p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p>25.00</p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item</p> <p>Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>300.00</p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>VP - Sales</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Trujillo, Gary, , ,</p>			<p>Date of Receipt</p> <p>04 / 11 / 2017</p> <p>Transaction ID : SA11AI.19805</p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p>500.00</p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item</p> <p>Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>Board Member</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>					
<p>SUBTOTAL of Receipts This Page (optional).....</p>			<p>550.00</p>		
<p>TOTAL This Period (last page this line number only).....</p>					

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

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

FOR LINE NUMBER: PAGE 42 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Tucker, Su, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director - Prov Network Rel & Contr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2017

Transaction ID : SA11AI.20305

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Tucker, Su, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director - Prov Network Rel & Contr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2017

Transaction ID : SA11AI.20408

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Wandoloski, Matt, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Strategy & Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
05 / 07 / 2017

Transaction ID : SA11AI.20103

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

65.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Wandoloski, Matt, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Strategy & Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2017

Transaction ID : SA11AI.20207

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Wandoloski, Matt, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Strategy & Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 04 / 2017

Transaction ID : SA11AI.20310

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Wandoloski, Matt, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Strategy & Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 18 / 2017

Transaction ID : SA11AI.20413

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 44 OF 47

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

A. Washington, Alton, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2017

Transaction ID : SA11AI.19806

Amount of Each Receipt this Period

150.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Wells, Greg, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - HR & Employee Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : SA11AI.20105

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Wells, Greg, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - HR & Employee Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2017

Transaction ID : SA11AI.20209

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

200.00

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 45 OF 47
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wells, Greg, , ,</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2017 Transaction ID : SA11AI.20312</p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period 25.00</p>		
<p>City Phoenix</p>	<p>State AZ</p>	<p>Zip Code 85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 275.00</p>		
<p>Name of Employer (for Individual) Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual) VP - HR & Employee Development</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼ 300.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wells, Greg, , ,</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2017 Transaction ID : SA11AI.20415</p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period 25.00</p>		
<p>City Phoenix</p>	<p>State AZ</p>	<p>Zip Code 85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 300.00</p>		
<p>Name of Employer (for Individual) Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual) VP - HR & Employee Development</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼ 300.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y / /</p>		
<p>Mailing Address</p>			<p>Amount of Each Receipt this Period</p>		
<p>City</p>	<p>State</p>	<p>Zip Code</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼</p>		
<p>Name of Employer (for Individual)</p>			<p>Occupation (for Individual)</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>			<p>Aggregate Year-to-Date ▼</p>		
<p>SUBTOTAL of Receipts This Page (optional).....</p>			<p>50.00</p>		
<p>TOTAL This Period (last page this line number only).....</p>			<p>4782.00</p>		

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

PAGE 46 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Flake, Jeff, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2017

Mailing Address 4509 Saucon Valley Court

City
AlexandriaState
VAZip Code
22312Purpose of Disbursement
Contribution to a federal election campaign

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District:

FEC Identification Number

C

Transaction ID : SB23.20422

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2000.00

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

2000.00

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

PAGE 47 OF 47

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

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

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Vote Heather Carter

Mailing Address 29455 N. Cave Creek Street 118

City
Cave CreekState
AZZip Code
85331Purpose of Disbursement
Contribution to a non federal election campaign

011

Category/
Type

Candidate Name

Vote Heather Carter

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 15

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
05		16		2017

FEC Identification Number

C

Transaction ID : SB29.20425

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

200.00

200.00