

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Healthy Government Committee-The Political Action Committee of BCBSAZ

ADDRESS (number and street)

P.O. Box 13466

☐Check if different  
than previously  
reported. (ACC)

Phoenix

AZ

85002

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00215202

3. IS THIS  
REPORT☒NEW  
(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  
Quarterly 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 (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

09

30

2009

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

Type or Print Name of Treasurer

Ms Kathryn Baker

Signature of Treasurer

Electronically Filed by Ms Kathryn Baker

Date

10

13

2009

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 15

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		13606.95
(b) Cash on Hand at Beginning of Reporting Period .....	3871.95	
(c) Total Receipts (from Line 19) .....	6058.00	16283.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	9929.95	29889.95
7. Total Disbursements (from Line 31) .....	3700.00	23660.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6229.95	6229.95
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	9	3	0	2	0	0	9

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) .....	2830.00	4540.00
(ii) Unitemized .....	3228.00	11743.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	6058.00	16283.00
(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) ..... ➡	6058.00	16283.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	6058.00	16283.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6058.00	16283.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3700.00	23660.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3700.00	23660.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3700.00	23660.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	6058.00	16283.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6058.00	16283.00
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:  
(check only one)

PAGE 6 / 15

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Karen Abraham

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code  
 Phoenix AZ 85021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blue Cross & Blue Shield  
of AZ

Occupation  
V.P.-Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9648

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tony Astorga

Mailing Address P.O. Box 13466

City State Zip Code  
 Phoenix AZ 85002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blue Cross & Blue Shield  
of AZ

Occupation  
Sr. V.P. & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9820

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Kathryn Baker

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code  
 Phoenix AZ 85021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blue Cross & Blue Shield  
of Arizona

Occupation  
VP & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9657

Amount of Each Receipt this Period

150.00

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

390.00

**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 7 / 15

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Boals

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code  
 Phoenix AZ 85021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blue Cross & Blue Shield  
of Arizona

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9665

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Susan Broadman

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code  
 Phoenix AZ 85021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blue Cross & Blue Shield  
of Arizona

Occupation  
Staffing Specialist/EEO Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9667

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Brutlag

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code  
 Phoenix AZ 85021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blue Cross & Blue Shield  
of Arizona

Occupation  
V.P.-Underwriting & Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9668

Amount of Each Receipt this Period

240.00

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

480.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

A.

Full Name (Last, First, Middle Initial)

Sherri Burruss

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSAZOccupation  
Actuarial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9821

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Helen Chandler

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  
Blue Cross & Blue Shield  
of ArizonaOccupation  
Sr. V.P.-Claims & Federal Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9672

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Kathy Clubine

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSAZOccupation  
mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9675

Amount of Each Receipt this Period

90.00

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

390.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

Healthy Government Committee-The Political Action Committee of BCBSAZ

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Hannon

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code  
 Phoenix AZ 85021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blue Cross & Blue Shield  
of Arizona

Occupation  
Sr. V.P.-External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9691

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Bonnie Irwin

Mailing Address 2444 W. Las Palmaritas

City State Zip Code  
 Phoenix AZ 85021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSAZ

Occupation  
vice president

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9696

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Sheri Jackson

Mailing Address 2444 W Las Palmaritas

City State Zip Code  
 Phoenix AZ 85021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSAZ

Occupation  
vice president

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9698

Amount of Each Receipt this Period

90.00

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

330.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

**A.**

Full Name (Last, First, Middle Initial)

K. A. Kelley

Mailing Address P.O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Cross Blue Shield of  
AZ

Occupation

Director, Pharmacy Benefits Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.9813

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Marty Laurel

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  
BCBSAZ

Occupation

vice president

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9702

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Vicky McDonald

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSAZ

Occupation

vice president

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9708

Amount of Each Receipt this Period

90.00

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

430.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

A.

Full Name (Last, First, Middle Initial)

elizabeth messina

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSAZOccupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9712

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Jody Miller

Mailing Address 2444 W. Las Palmaritas

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Cross and Blue Shield  
of ArizonaOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9714

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Susan Navran

Mailing Address 2444 W. Las Palmaritas

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Cross and Blue Shield  
of ArizonaOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9719

Amount of Each Receipt this Period

90.00

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

390.00

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 12 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

**A.**

Full Name (Last, First, Middle Initial)

Adam Rice

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSAZ

Occupation  
director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9733

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Deanna Salazar

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSAZ

Occupation  
vice president

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9822

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Semma

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSAZ

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.9737

Amount of Each Receipt this Period

90.00

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

330.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

**A.**

Full Name (Last, First, Middle Initial)

Su Tucker

Mailing Address P. O. Box 13466

City

Phoenix,

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSAZOccupation  
Director

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	9

Transaction ID: SA11AI.9744

Amount of Each Receipt this Period

90.00

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

90.00

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

2830.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 15

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

**A.**

Full Name (Last, First, Middle Initial)

BluePac

Mailing Address 1310 G Street, N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB23.9800

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Committee to Elect Chad Campbell

Mailing Address P.O. Box 25456

City Phoenix State AZ Zip Code 85002

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 14

**Transaction ID:** SB23.9811

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Montenegro for House

Mailing Address 12928 W. Earll Dr.

City Avondale State AZ Zip Code 85392

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 12

**Transaction ID:** SB23.9798

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

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

2450.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

**A.** Full Name (Last, First, Middle Initial)  
Republican Senate Victory Campaign

Mailing Address P.O. Box 11494

City State Zip Code  
Tempe AZ 85284

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Transaction ID: SB23.9796

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
08 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Tibshraeny 2010 Exploratory Committee

Mailing Address 917 W. McDowell Road

City State Zip Code  
Phoenix AZ 85007

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 21

Transaction ID: SB23.9802

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 21 / 2009

Amount of Each Disbursement this Period

250.00

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

1250.00

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

3700.00