



Political Action Committee of Blue Cross and Blue Shield of Arizona

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM  
APR 15 11 42 AM '98

April 8, 1998

Federal Election Commission  
999 East Street NW  
Washington, D.C. 20463

RE: ID# C00215202

Dear FEC:

Enclosed is our April 15 Quarterly Report of Receipts and Disbursements covering the period of January 1, 1998 through March 31, 1998 (FEC FORM 3X) for Healthy Government Committee - The Political Action Committee of Blue Cross and Blue Shield of Arizona.

Please contact me if you have any questions. My telephone number is (602) 864-4676.

Sincerely,

Tony M. Astorga  
Treasurer

g:\sandy\pac3\5

Enclosure

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

APR 15 11 42 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)		C00215202		030498	N 219
TONY A ASTORGA		HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION CMTE/BLUE			
POST OFFICE BOX 13466		PHOENIX		AZ 85002	
2. FEC IDENTIFICATION NUMBER		C00215202			
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)					

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

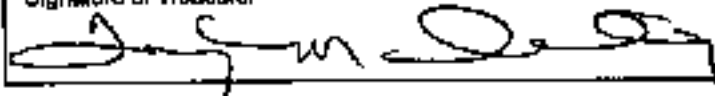
(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period	1/1/98 through 3/31/98		
6. (a)	Cash on Hand January 1, 19 98		\$ 2,048.63
6. (b)	Cash on Hand at Beginning of Reporting Period	\$ 2,048.63	
6. (c)	Total Receipts (from Line 19)	\$ 1,331.00	\$ 1,331.00
6. (d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3,379.63	\$ 3,379.63
7.	Total Disbursements (from Line 20)	\$ 250.00	\$ 250.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,129.63	\$ 3,129.63
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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  
Tony M. Astorga

Signature of Treasurer



Date

4/7/98

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

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FEC FORM 3X  
(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona	FROM 1/1/98	TO 3/31/98	
<b>I Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees:			
i. Itemized (use Schedule A) .....	0	0	11a(1)
ii. Unitemized .....	1,331.00	1,331.00	11a(2)
iii. Total .....	1,331.00	1,331.00	11a(3)
b. Political Party Committees .....	0	0	11b
c. Other Political Committees (such as PACs) .....	0	0	11c
d. Total Contributions .....	1,331.00	1,331.00	11d
12. Transfers From Affiliated/Other Party Committees .....	0	0	12
13. All Loans Received .....	0	0	13
14. Loan Repayments Received .....	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0	0	17
18. Transfers from Nonfederal Account for Joint Activity .....	0	0	18
19. Total Receipts .....	1,331.00	1,331.00	19
20. Total Federal Receipts .....	1,331.00	1,331.00	20
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
i. Federal Share .....	0	0	21a(1)
ii. Non-Federal Share .....	0	0	21a(2)
b. Other Federal Operating Expenditures .....	0	0	21b
c. Total Operating Expenditures .....	0	0	21c
22. Transfers to Affiliated/Other Party Committees .....	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0	0	23
24. Independent Expenditures (use Schedule E) .....	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	0	0	25
26. Loan Repayments Made .....	0	0	26
27. Loans Made .....	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....	0	0	28a
b. Political Party Committees .....	0	0	28b
c. Other Political Committees (such as PACs) .....	0	0	28c
d. Total Contribution Refunds .....	0	0	28d
29. Other Disbursements .....	250.00	250.00	29
30. Total Disbursements .....	250.00	250.00	30
31. Total Federal Disbursements .....	250.00	250.00	31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	1,331.00	1,331.00	32
33. Total Contribution Refunds (from line 28d) .....	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	1,331.00	1,331.00	34
35. Total Federal Operating Expenditures .....	0	0	35
36. Offsets to Operating Expenditures (from line 15) .....	0	0	36
37. Net Operating Expenditures .....	0	0	37

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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 and Blue Shield of Arizona

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bayless '98 Election Committee 2927 North Second Street Phoenix, AZ 85012	Betsey Bayless, Sec. of State, AZ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/8/98	\$250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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


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

\$250.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 04/07/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	04/15/98 DATE PREPARED