

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		13368.95
(b) Cash on Hand at Beginning of Reporting Period.....	11600.95	
(c) Total Receipts (from Line 19)	18563.00	37795.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	30163.95	51163.95
7. Total Disbursements (from Line 31).....	18900.00	39900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11263.95	11263.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

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).....	15146.00	21226.00
(ii) Unitemized	3417.00	16569.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18563.00	37795.00
(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)	18563.00	37795.00
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))..... ▶	18563.00	37795.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18563.00	37795.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	9000.00	13000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	9900.00	26900.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	18900.00	39900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18900.00	39900.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	18563.00	37795.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18563.00	37795.00
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 209
(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 (Last, First, Middle Initial)
A. Mrs. Karen Abraham

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 Blue Cross Blue Shield of AZ Occupation Sr. VP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt
07 / 05 / 2015

Transaction ID : SA11AI.15147

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
B. Mrs. Karen Abraham

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 Blue Cross Blue Shield of AZ Occupation Sr. VP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt
07 / 19 / 2015

Transaction ID : SA11AI.15248

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
C. Mrs. Karen Abraham

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 Blue Cross Blue Shield of AZ Occupation Sr. VP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
08 / 02 / 2015

Transaction ID : SA11AI.15344

Amount of Each Receipt this Period
35.00

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 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Mrs. Karen Abraham

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 Blue Cross Blue Shield of AZ Occupation Sr. VP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt
08 / 16 / 2015
Transaction ID : SA11AI.15561

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
B. Mrs. Karen Abraham

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 Blue Cross Blue Shield of AZ Occupation Sr. VP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
08 / 30 / 2015
Transaction ID : SA11AI.15462

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
C. Mrs. Karen Abraham

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 Blue Cross Blue Shield of AZ Occupation Sr. VP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt
09 / 13 / 2015
Transaction ID : SA11AI.15665

Amount of Each Receipt this Period
35.00

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 8 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Mrs. Karen Abraham

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 Blue Cross Blue Shield of AZ Occupation Sr. VP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt
09 / 27 / 2015
Transaction ID : SA11AI.15765

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
B. Mrs. Karen Abraham

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 Blue Cross Blue Shield of AZ Occupation Sr. VP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
10 / 11 / 2015
Transaction ID : SA11AI.15873

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
C. Mrs. Karen Abraham

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 Blue Cross Blue Shield of AZ Occupation Sr. VP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **735.00**

Date of Receipt
11 / 08 / 2015
Transaction ID : SA11AI.15977

Amount of Each Receipt this Period
35.00

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 9 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Mrs. Karen Abraham

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of AZ Sr. VP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16074

Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
B. Mrs. Karen Abraham

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of AZ Sr. VP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 805.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16197

Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
C. Mrs. Karen Abraham

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of AZ Sr. VP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16294

Amount of Each Receipt this Period
 35.00

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 10 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Garrett Anderson

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 Blue Cross Blue Shield of Ariz Occupation VP - Chief Technology Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **07 / 05 / 2015**

Transaction ID : SA11AI.15151

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
B. Garrett Anderson

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 Blue Cross Blue Shield of Ariz Occupation VP - Chief Technology Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 19 / 2015**

Transaction ID : SA11AI.15250

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
C. Garrett Anderson

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 Blue Cross Blue Shield of Ariz Occupation VP - Chief Technology Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **08 / 02 / 2015**

Transaction ID : SA11AI.15346

Amount of Each Receipt this Period **25.00**

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 11 OF 209
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Garrett Anderson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Chief Technology Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11AI.15563
 Amount of Each Receipt this Period
 25.00

B. Garrett Anderson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Chief Technology Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2015
Transaction ID : SA11AI.15464
 Amount of Each Receipt this Period
 25.00

C. Garrett Anderson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Chief Technology Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2015
Transaction ID : SA11AI.15667
 Amount of Each Receipt this Period
 25.00

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 12 OF 209
	<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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial) A. Garrett Anderson			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>27</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	27	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
09	/	27	/	2015									
Mailing Address 2444 W. Las Palmaritas Dr			Transaction ID : SA11AI.15767										
City Phoenix	State AZ	Zip Code 85021	Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00									
25.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Blue Cross Blue Shield of Ariz		Occupation VP - Chief Technology Officer											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>475.00</td> </tr> </table>	475.00										
475.00													

Full Name (Last, First, Middle Initial) B. Garrett Anderson			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>11</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	11	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10	/	11	/	2015									
Mailing Address 2444 W. Las Palmaritas Dr			Transaction ID : SA11AI.15875										
City Phoenix	State AZ	Zip Code 85021	Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00									
25.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Blue Cross Blue Shield of Ariz		Occupation VP - Chief Technology Officer											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00										
500.00													

Full Name (Last, First, Middle Initial) C. Garrett Anderson			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>08</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	08	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11	/	08	/	2015									
Mailing Address 2444 W. Las Palmaritas Dr			Transaction ID : SA11AI.15981										
City Phoenix	State AZ	Zip Code 85021	Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00									
25.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Blue Cross Blue Shield of Ariz		Occupation VP - Chief Technology Officer											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>525.00</td> </tr> </table>	525.00										
525.00													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00
75.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

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

FOR LINE NUMBER: PAGE 13 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Garrett Anderson

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 Blue Cross Blue Shield of Ariz Occupation VP - Chief Technology Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
11 / 22 / 2015
Transaction ID : SA11AI.16076

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Garrett Anderson

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 Blue Cross Blue Shield of Ariz Occupation VP - Chief Technology Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
12 / 06 / 2015
Transaction ID : SA11AI.16199

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Garrett Anderson

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 Blue Cross Blue Shield of Ariz Occupation VP - Chief Technology Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
12 / 20 / 2015
Transaction ID : SA11AI.16298

Amount of Each Receipt this Period
25.00

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: PAGE 14 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Teresa Araiza

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of AZ Dir - Claims Regional Offices

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2015
Transaction ID : SA11AI.15154

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
B. Teresa Araiza

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of AZ Dir - Claims Regional Offices

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15251

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
C. Teresa Araiza

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of AZ Dir - Claims Regional Offices

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15347

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Teresa Araiza

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of AZ Dir - Claims Regional Offices

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 640.00

Date of Receipt
 08 / 16 / 2015
Transaction ID : SA11AI.15564

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
B. Teresa Araiza

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of AZ Dir - Claims Regional Offices

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 680.00

Date of Receipt
 08 / 30 / 2015
Transaction ID : SA11AI.15465

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
C. Teresa Araiza

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of AZ Dir - Claims Regional Offices

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 09 / 13 / 2015
Transaction ID : SA11AI.15668

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Teresa Araiza

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of AZ Dir - Claims Regional Offices

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : SA11AI.15768

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
B. Teresa Araiza

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of AZ Dir - Claims Regional Offices

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.15876

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
C. Teresa Araiza

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of AZ Dir - Claims Regional Offices

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.15982

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 209
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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.

A. Teresa Araiza
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Dir - Claims Regional Offices
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **880.00**

Date of Receipt **11 / 22 / 2015**
Transaction ID : SA11AI.16077
 Amount of Each Receipt this Period **40.00**

B. Teresa Araiza
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Dir - Claims Regional Offices
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **920.00**

Date of Receipt **12 / 06 / 2015**
Transaction ID : SA11AI.16200
 Amount of Each Receipt this Period **40.00**

C. Teresa Araiza
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Dir - Claims Regional Offices
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **960.00**

Date of Receipt **12 / 20 / 2015**
Transaction ID : SA11AI.16299
 Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Mr. William Arthur
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 05 / 2015
Transaction ID : SA11AI.15155
 Amount of Each Receipt this Period 25.00

B. Mr. William Arthur
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 19 / 2015
Transaction ID : SA11AI.15252
 Amount of Each Receipt this Period 25.00

C. Mr. William Arthur
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.15348
 Amount of Each Receipt this Period 25.00

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: PAGE 19 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Mr. William Arthur
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15565
 Amount of Each Receipt this Period 25.00

B. Mr. William Arthur
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15466
 Amount of Each Receipt this Period 25.00

C. Mr. William Arthur
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15669
 Amount of Each Receipt this Period 25.00

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: PAGE 20 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Mr. William Arthur
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15769
 Amount of Each Receipt this Period 25.00

B. Mr. William Arthur
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2015
Transaction ID : SA11AI.15877
 Amount of Each Receipt this Period 25.00

C. Mr. William Arthur
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.15983
 Amount of Each Receipt this Period 25.00

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: PAGE 21 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Mr. William Arthur
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16078
 Amount of Each Receipt this Period 25.00

B. Mr. William Arthur
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16201
 Amount of Each Receipt this Period 25.00

C. Mr. William Arthur
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 20 / 2015
Transaction ID : SA11AI.16300
 Amount of Each Receipt this Period 25.00

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: PAGE 22 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

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

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix State AZ Zip Code 85002

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

Name of Employer Blue Cross Blue Shield of Ariz Occupation VP - Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **07 / 05 / 2015**

Transaction ID : SA11AI.15156

Amount of Each Receipt this Period **20.00**

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

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix State AZ Zip Code 85002

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

Name of Employer Blue Cross Blue Shield of Ariz Occupation VP - Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 19 / 2015**

Transaction ID : SA11AI.15253

Amount of Each Receipt this Period **20.00**

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

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix State AZ Zip Code 85002

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

Name of Employer Blue Cross Blue Shield of Ariz Occupation VP - Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **08 / 02 / 2015**

Transaction ID : SA11AI.15349

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **60.00**

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

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

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

FOR LINE NUMBER: PAGE 23 OF 209
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85002
-----------------	-------------	-------------------

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

Name of Employer Blue Cross Blue Shield of Ariz	Occupation VP - Medical Director
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2015

Transaction ID : SA11AI.15566

Amount of Each Receipt this Period

20.00

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

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85002
-----------------	-------------	-------------------

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

Name of Employer Blue Cross Blue Shield of Ariz	Occupation VP - Medical Director
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2015

Transaction ID : SA11AI.15658

Amount of Each Receipt this Period

20.00

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

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85002
-----------------	-------------	-------------------

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

Name of Employer Blue Cross Blue Shield of Ariz	Occupation VP - Medical Director
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2015

Transaction ID : SA11AI.15670

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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.

A. Daniel Aspery
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W. Las Palmaritas Dr
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Ariz Occupation VP - Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : SA11AI.15770
 Amount of Each Receipt this Period
 20.00

B. Daniel Aspery
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W. Las Palmaritas Dr
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Ariz Occupation VP - Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.15878
 Amount of Each Receipt this Period
 20.00

C. Daniel Aspery
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W. Las Palmaritas Dr
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Ariz Occupation VP - Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.15984
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 209
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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. Daniel Aspery			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>22</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	22	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11	/	22	/	2015									
Mailing Address 2444 W. Las Palmaritas Dr			Transaction ID : SA11AI.16079										
City Phoenix	State AZ	Zip Code 85002	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00									
20.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Blue Cross Blue Shield of Ariz	Occupation VP - Medical Director												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>440.00</td> </tr> </table>	440.00											
440.00													

Full Name (Last, First, Middle Initial) B. Daniel Aspery			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>06</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	06	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12	/	06	/	2015									
Mailing Address 2444 W. Las Palmaritas Dr			Transaction ID : SA11AI.16203										
City Phoenix	State AZ	Zip Code 85002	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00									
20.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Blue Cross Blue Shield of Ariz	Occupation VP - Medical Director												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>460.00</td> </tr> </table>	460.00											
460.00													

Full Name (Last, First, Middle Initial) C. Daniel Aspery			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>20</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	20	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12	/	20	/	2015									
Mailing Address 2444 W. Las Palmaritas Dr			Transaction ID : SA11AI.16301										
City Phoenix	State AZ	Zip Code 85002	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00									
20.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Blue Cross Blue Shield of Ariz	Occupation VP - Medical Director												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>480.00</td> </tr> </table>	480.00											
480.00													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>60.00</td> </tr> </table>	60.00
60.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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.

A. Mr. Richard Boals
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 05 / 2015
Transaction ID : SA11AI.15163
 Amount of Each Receipt this Period 25.00

B. Mr. Richard Boals
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 19 / 2015
Transaction ID : SA11AI.15259
 Amount of Each Receipt this Period 25.00

C. Mr. Richard Boals
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.15355
 Amount of Each Receipt this Period 25.00

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: PAGE 27 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Mr. Richard Boals
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15572
 Amount of Each Receipt this Period 25.00

B. Mr. Richard Boals
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15473
 Amount of Each Receipt this Period 25.00

C. Mr. Richard Boals
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15676
 Amount of Each Receipt this Period 25.00

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: PAGE 28 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

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

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 Blue Cross Blue Shield of Ariz Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt
09 / 27 / 2015
Transaction ID : SA11AI.15776

Amount of Each Receipt this Period
25.00

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

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 Blue Cross Blue Shield of Ariz Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
10 / 11 / 2015
Transaction ID : SA11AI.15884

Amount of Each Receipt this Period
25.00

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

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 Blue Cross Blue Shield of Ariz Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
11 / 08 / 2015
Transaction ID : SA11AI.15990

Amount of Each Receipt this Period
25.00

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: PAGE 29 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Mr. Richard Boals
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16085
 Amount of Each Receipt this Period
 25.00

B. Mr. Richard Boals
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16209
 Amount of Each Receipt this Period
 25.00

C. Mr. Richard Boals
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16307
 Amount of Each Receipt this Period
 25.00

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 30 OF 209
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Michele E. Boggs
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Corporate Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.15991
 Amount of Each Receipt this Period 10.00

B. Michele E. Boggs
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Corporate Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16086
 Amount of Each Receipt this Period 10.00

C. Michele E. Boggs
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Corporate Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16210
 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
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 31 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Michele E. Boggs

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 Blue Cross Blue Shield of Ariz Occupation Dir - Corporate Training

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 20 / 2015**

Transaction ID : SA11AI.16308

Amount of Each Receipt this Period **10.00**

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

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 Blue Cross Blue Shield of Ariz Occupation V.P.-Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **07 / 05 / 2015**

Transaction ID : SA11AI.15165

Amount of Each Receipt this Period **40.00**

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

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 Blue Cross Blue Shield of Ariz Occupation V.P.-Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt **07 / 19 / 2015**

Transaction ID : SA11AI.15261

Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **90.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Mr. James Brutlag
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.-Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.15357
 Amount of Each Receipt this Period 40.00

B. Mr. James Brutlag
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.-Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15574
 Amount of Each Receipt this Period 40.00

C. Mr. James Brutlag
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.-Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15475
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 209
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Mr. James Brutlag
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.-Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **09 / 13 / 2015**
Transaction ID : SA11AI.15678
 Amount of Each Receipt this Period **40.00**

B. Mr. James Brutlag
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.-Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **09 / 27 / 2015**
Transaction ID : SA11AI.15778
 Amount of Each Receipt this Period **40.00**

C. Mr. James Brutlag
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.-Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **10 / 11 / 2015**
Transaction ID : SA11AI.15886
 Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Mr. James Brutlag
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.-Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **840.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2015
Transaction ID : SA11AI.15992
 Amount of Each Receipt this Period
40.00

B. Mr. James Brutlag
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.-Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **880.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2015
Transaction ID : SA11AI.16087
 Amount of Each Receipt this Period
40.00

C. Mr. James Brutlag
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.-Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **920.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2015
Transaction ID : SA11AI.16211
 Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **120.00**
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Mr. James Brutlag
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.-Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16309
 Amount of Each Receipt this Period
 40.00

B. Rebecca Burnham
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.15759
 Amount of Each Receipt this Period
 250.00

C. Rebecca Burnham
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : SA11AI.15970
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	540.00
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

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(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Sherri Burruss
 Full Name (Last, First, Middle Initial)
 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 Blue Cross & Blue Shield of Ar Occupation Director - Client Implementation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 05 / 2015
Transaction ID : SA11AI.15166
 Amount of Each Receipt this Period 25.00

B. Sherri Burruss
 Full Name (Last, First, Middle Initial)
 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 Blue Cross & Blue Shield of Ar Occupation Director - Client Implementation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 19 / 2015
Transaction ID : SA11AI.15262
 Amount of Each Receipt this Period 25.00

C. Sherri Burruss
 Full Name (Last, First, Middle Initial)
 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 Blue Cross & Blue Shield of Ar Occupation Director - Client Implementation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.15358
 Amount of Each Receipt this Period 25.00

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: PAGE 37 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Sherri Burruss
 Full Name (Last, First, Middle Initial)
 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 Blue Cross & Blue Shield of Ar Occupation Director - Client Implementation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15575
 Amount of Each Receipt this Period 25.00

B. Sherri Burruss
 Full Name (Last, First, Middle Initial)
 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 Blue Cross & Blue Shield of Ar Occupation Director - Client Implementation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15476
 Amount of Each Receipt this Period 25.00

C. Sherri Burruss
 Full Name (Last, First, Middle Initial)
 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 Blue Cross & Blue Shield of Ar Occupation Director - Client Implementation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15679
 Amount of Each Receipt this Period 25.00

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: PAGE 38 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

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

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 Blue Cross & Blue Shield of Ar Occupation Director - Client Implementation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **09 / 27 / 2015**
Transaction ID : SA11AI.15779

Amount of Each Receipt this Period **25.00**

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

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 Blue Cross & Blue Shield of Ar Occupation Director - Client Implementation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 11 / 2015**
Transaction ID : SA11AI.15887

Amount of Each Receipt this Period **25.00**

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

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 Blue Cross & Blue Shield of Ar Occupation Director - Client Implementation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **11 / 08 / 2015**
Transaction ID : SA11AI.15993

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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

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

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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Sherri Burruss
 Full Name (Last, First, Middle Initial)
 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 Blue Cross & Blue Shield of Ar Occupation Director - Client Implementation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16088
 Amount of Each Receipt this Period 25.00

B. Sherri Burruss
 Full Name (Last, First, Middle Initial)
 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 Blue Cross & Blue Shield of Ar Occupation Director - Client Implementation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16212
 Amount of Each Receipt this Period 25.00

C. Sherri Burruss
 Full Name (Last, First, Middle Initial)
 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 Blue Cross & Blue Shield of Ar Occupation Director - Client Implementation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 20 / 2015
Transaction ID : SA11AI.16310
 Amount of Each Receipt this Period 25.00

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: PAGE 40 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Julie Carr
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Mid Market Sales/Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.15994
 Amount of Each Receipt this Period 10.00

B. Julie Carr
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Mid Market Sales/Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16089
 Amount of Each Receipt this Period 10.00

C. Julie Carr
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Mid Market Sales/Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16213
 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
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 41 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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.

A. Julie Carr
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Mid Market Sales/Support
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2015
Transaction ID : SA11AI.16311
 Amount of Each Receipt this Period
10.00

B. Laura Causer
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Group Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2015
Transaction ID : SA11AI.15264
 Amount of Each Receipt this Period
15.00

C. Laura Causer
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Group Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2015
Transaction ID : SA11AI.15360
 Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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

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(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 (Last, First, Middle Initial)
A. Laura Causer

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 Blue Cross Blue Shield of Ariz Occupation Dir - Group Underwriting

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
 08 / 16 / 2015
Transaction ID : SA11AI.15577

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Laura Causer

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 Blue Cross Blue Shield of Ariz Occupation Dir - Group Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2015
Transaction ID : SA11AI.15478

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Laura Causer

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 Blue Cross Blue Shield of Ariz Occupation Dir - Group Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2015
Transaction ID : SA11AI.15681

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 43 OF 209
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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.

A. Mrs. Helen Chandler
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP Chief Servc Officer/Custrmr Srvc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 05 / 2015
Transaction ID : SA11AI.15170
 Amount of Each Receipt this Period 25.00

B. Mrs. Helen Chandler
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP Chief Servc Officer/Custrmr Srvc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 19 / 2015
Transaction ID : SA11AI.15266
 Amount of Each Receipt this Period 25.00

C. Mrs. Helen Chandler
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP Chief Servc Officer/Custrmr Srvc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.15362
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Mrs. Helen Chandler
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP Chief Servc Officer/Custmr Srvc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15579
 Amount of Each Receipt this Period 25.00

B. Mrs. Helen Chandler
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP Chief Servc Officer/Custmr Srvc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15480
 Amount of Each Receipt this Period 25.00

C. Mrs. Helen Chandler
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP Chief Servc Officer/Custmr Srvc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15683
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 45 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

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

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 Blue Cross Blue Shield of Ariz Occupation Sr VP Chief Servc Officer/Custrmr Srvc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt
09 / 27 / 2015
Transaction ID : SA11AI.15782

Amount of Each Receipt this Period
25.00

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

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 Blue Cross Blue Shield of Ariz Occupation Sr VP Chief Servc Officer/Custrmr Srvc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
10 / 11 / 2015
Transaction ID : SA11AI.15890

Amount of Each Receipt this Period
25.00

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

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 Blue Cross Blue Shield of Ariz Occupation Sr VP Chief Servc Officer/Custrmr Srvc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
11 / 08 / 2015
Transaction ID : SA11AI.15996

Amount of Each Receipt this Period
25.00

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: PAGE 46 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Mrs. Helen Chandler
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP Chief Servc Officer/Custrmr Srvc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16091
 Amount of Each Receipt this Period 25.00

B. Mrs. Helen Chandler
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP Chief Servc Officer/Custrmr Srvc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16215
 Amount of Each Receipt this Period 25.00

C. Mrs. Helen Chandler
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP Chief Servc Officer/Custrmr Srvc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 20 / 2015
Transaction ID : SA11AI.16313
 Amount of Each Receipt this Period 25.00

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 47 OF 209
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Brian Charlton
 Full Name (Last, First, Middle Initial)
 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: Blue Cross Blue Shield of Ari
 Occupation: Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 08 / 2015
Transaction ID : SA11AI.15997
 Amount of Each Receipt this Period: 10.00

B. Brian Charlton
 Full Name (Last, First, Middle Initial)
 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: Blue Cross Blue Shield of Ari
 Occupation: Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 22 / 2015
Transaction ID : SA11AI.16092
 Amount of Each Receipt this Period: 10.00

C. Brian Charlton
 Full Name (Last, First, Middle Initial)
 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: Blue Cross Blue Shield of Ari
 Occupation: Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 06 / 2015
Transaction ID : SA11AI.16216
 Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 48 OF 209
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Brian Charlton
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ari Occupation Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16314
 Amount of Each Receipt this Period
 100.00

B. JoAnn Cipiti
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. Mgr - Sales Exc & Govt Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2015
Transaction ID : SA11AI.15172
 Amount of Each Receipt this Period
 50.00

C. JoAnn Cipiti
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. Mgr - Sales Exc & Govt Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15268
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 49 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. JoAnn Cipiti
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. Mgr - Sales Exc & Govt Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.15364
 Amount of Each Receipt this Period 50.00

B. JoAnn Cipiti
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. Mgr - Sales Exc & Govt Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15581
 Amount of Each Receipt this Period 50.00

C. JoAnn Cipiti
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. Mgr - Sales Exc & Govt Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15482
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 50 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. JoAnn Cipiti
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. Mgr - Sales Exc & Govt Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15685
 Amount of Each Receipt this Period 50.00

B. JoAnn Cipiti
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. Mgr - Sales Exc & Govt Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15784
 Amount of Each Receipt this Period 50.00

C. JoAnn Cipiti
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. Mgr - Sales Exc & Govt Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2015
Transaction ID : SA11AI.15892
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 51 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. JoAnn Cipiti
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. Mgr - Sales Exc & Govt Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.15998
 Amount of Each Receipt this Period 50.00

B. JoAnn Cipiti
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. Mgr - Sales Exc & Govt Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16093
 Amount of Each Receipt this Period 50.00

C. JoAnn Cipiti
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. Mgr - Sales Exc & Govt Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16217
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 52 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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.

A. JoAnn Cipiti
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. Mgr - Sales Exc & Govt Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16315
 Amount of Each Receipt this Period
 50.00

B. Lattie Coor
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.15760
 Amount of Each Receipt this Period
 150.00

C. Lattie Coor
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : SA11AI.15971
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 53 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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.

A. Jennifer DiChiara
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director PCMH Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15368
 Amount of Each Receipt this Period
 15.00

B. Jennifer DiChiara
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director PCMH Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11AI.15584
 Amount of Each Receipt this Period
 15.00

C. Jennifer DiChiara
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director PCMH Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2015
Transaction ID : SA11AI.15485
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 54 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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.

A. Jennifer DiChiara
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director PCMH Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 09 / 13 / 2015
Transaction ID : SA11AI.15688
 Amount of Each Receipt this Period
 15.00

B. Jennifer DiChiara
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director PCMH Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 27 / 2015
Transaction ID : SA11AI.15787
 Amount of Each Receipt this Period
 15.00

C. Jennifer DiChiara
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director PCMH Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 10 / 11 / 2015
Transaction ID : SA11AI.15896
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 55 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Jennifer DiChiara

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 Blue Cross Blue Shield of Ariz Occupation Director PCMH Operation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2015

Transaction ID : SA11AI.16002

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Jennifer DiChiara

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 Blue Cross Blue Shield of Ariz Occupation Director PCMH Operation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2015

Transaction ID : SA11AI.16097

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Jennifer DiChiara

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 Blue Cross Blue Shield of Ariz Occupation Director PCMH Operation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2015

Transaction ID : SA11AI.16221

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 56 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 Blue Cross & Blue Shield of Arizona, Inc.

A. Jennifer DiChiara
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director PCMH Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16319
 Amount of Each Receipt this Period
 15.00

B. Kathy Dierks
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - BlueCard Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15273
 Amount of Each Receipt this Period
 15.00

C. Kathy Dierks
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - BlueCard Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15369
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 57 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Kathy Dierks
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - BlueCard Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15585
 Amount of Each Receipt this Period 15.00

B. Kathy Dierks
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - BlueCard Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15486
 Amount of Each Receipt this Period 15.00

C. Kathy Dierks
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - BlueCard Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15689
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 58 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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.

A. Kathy Dierks
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - BlueCard Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 27 / 2015**
Transaction ID : SA11AI.15788
 Amount of Each Receipt this Period **15.00**

B. Kathy Dierks
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - BlueCard Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 11 / 2015**
Transaction ID : SA11AI.15897
 Amount of Each Receipt this Period **15.00**

C. Kathy Dierks
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - BlueCard Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **315.00**

Date of Receipt **11 / 08 / 2015**
Transaction ID : SA11AI.16003
 Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional).....	45.00
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 59 OF 209
(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.

A. Kathy Dierks
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - BlueCard Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16098
 Amount of Each Receipt this Period
 15.00

B. Kathy Dierks
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - BlueCard Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16222
 Amount of Each Receipt this Period
 15.00

C. Kathy Dierks
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - BlueCard Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16320
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 60 OF 209
	<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	

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.

A. Richard Dozer
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.15761
 Amount of Each Receipt this Period
 100.00

B. Richard Dozer
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : SA11AI.15972
 Amount of Each Receipt this Period
 100.00

C. Edward Fenstermacher
 Full Name (Last, First, Middle Initial)
 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 Blue Cross blue Shield of Ariz Occupation Dir - Senior Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15276
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	215.00
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

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(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Edward Fenstermacher

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 Blue Cross blue Shield of Ariz Occupation Dir - Senior Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **08 / 02 / 2015**

Transaction ID : SA11AI.15372

Amount of Each Receipt this Period **15.00**

Full Name (Last, First, Middle Initial)
B. Edward Fenstermacher

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 Blue Cross blue Shield of Ariz Occupation Dir - Senior Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 16 / 2015**

Transaction ID : SA11AI.15588

Amount of Each Receipt this Period **15.00**

Full Name (Last, First, Middle Initial)
C. Edward Fenstermacher

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 Blue Cross blue Shield of Ariz Occupation Dir - Senior Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **08 / 30 / 2015**

Transaction ID : SA11AI.15489

Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 62 OF 209
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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.

A. Edward Fenstermacher
 Full Name (Last, First, Middle Initial)
 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 Blue Cross blue Shield of Ariz Occupation Dir - Senior Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15692
 Amount of Each Receipt this Period 15.00

B. Edward Fenstermacher
 Full Name (Last, First, Middle Initial)
 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 Blue Cross blue Shield of Ariz Occupation Dir - Senior Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15791
 Amount of Each Receipt this Period 15.00

C. Edward Fenstermacher
 Full Name (Last, First, Middle Initial)
 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 Blue Cross blue Shield of Ariz Occupation Dir - Senior Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2015
Transaction ID : SA11AI.15900
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 63 OF 209
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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.

A. Edward Fenstermacher
 Full Name (Last, First, Middle Initial)
 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 Blue Cross blue Shield of Ariz Occupation Dir - Senior Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.16006
 Amount of Each Receipt this Period 15.00

B. Edward Fenstermacher
 Full Name (Last, First, Middle Initial)
 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 Blue Cross blue Shield of Ariz Occupation Dir - Senior Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16102
 Amount of Each Receipt this Period 15.00

C. Edward Fenstermacher
 Full Name (Last, First, Middle Initial)
 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 Blue Cross blue Shield of Ariz Occupation Dir - Senior Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16225
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 64 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Edward Fenstermacher
 Full Name (Last, First, Middle Initial)
 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 Blue Cross blue Shield of Ariz Occupation Dir - Senior Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16323
 Amount of Each Receipt this Period
 15.00

B. Wendy Fuller
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Integrated Customer Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16007
 Amount of Each Receipt this Period
 10.00

C. Wendy Fuller
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Integrated Customer Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16103
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 35.00
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 65 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Wendy Fuller
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Integrated Customer Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16226
 Amount of Each Receipt this Period
 10.00

B. Wendy Fuller
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Integrated Customer Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16324
 Amount of Each Receipt this Period
 10.00

C. Terri Gades
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2015
Transaction ID : SA11AI.15491
 Amount of Each Receipt this Period
 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 32.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Terri Gades
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15694
 Amount of Each Receipt this Period 12.00

B. Terri Gades
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15793
 Amount of Each Receipt this Period 12.00

C. Terri Gades
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 11 / 2015
Transaction ID : SA11AI.15902
 Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 36.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Terri Gades
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.16008
 Amount of Each Receipt this Period 12.00

B. Terri Gades
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16104
 Amount of Each Receipt this Period 12.00

C. Terri Gades
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16227
 Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 36.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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 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 Blue Cross & Blue Shield of Arizona, Inc.

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

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Claims Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2015

Transaction ID : SA11AI.16325

Amount of Each Receipt this Period
12.00

Full Name (Last, First, Middle Initial)
B. Sandy Gibson

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 BCBSAZ Executive VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2015

Transaction ID : SA11AI.15184

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
C. Sandy Gibson

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 BCBSAZ Executive VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2015

Transaction ID : SA11AI.15280

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **82.00**

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 69 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Sandy Gibson

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 BCBSAZ Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 08 / 02 / 2015
Transaction ID : SA11AI.15376

Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
B. Sandy Gibson

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 BCBSAZ Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 08 / 16 / 2015
Transaction ID : SA11AI.15592

Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
C. Sandy Gibson

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 BCBSAZ Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 595.00

Date of Receipt
 08 / 30 / 2015
Transaction ID : SA11AI.15493

Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00

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

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

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FOR LINE NUMBER: PAGE 70 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Sandy Gibson

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 BCBSAZ Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 09 / 13 / 2015
Transaction ID : SA11AI.15696

Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
B. Sandy Gibson

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 BCBSAZ Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 665.00

Date of Receipt
 09 / 27 / 2015
Transaction ID : SA11AI.15795

Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
C. Sandy Gibson

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 BCBSAZ Executive VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 10 / 11 / 2015
Transaction ID : SA11AI.15904

Amount of Each Receipt this Period
 35.00

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 71 OF 209
	<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 Blue Cross & Blue Shield of Arizona, Inc.

A. Sandy Gibson
 Full Name (Last, First, Middle Initial)
 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 BCBSAZ Occupation Executive VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **735.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2015
Transaction ID : SA11AI.16010
 Amount of Each Receipt this Period
35.00

B. Sandy Gibson
 Full Name (Last, First, Middle Initial)
 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 BCBSAZ Occupation Executive VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **770.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2015
Transaction ID : SA11AI.16106
 Amount of Each Receipt this Period
35.00

C. Sandy Gibson
 Full Name (Last, First, Middle Initial)
 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 BCBSAZ Occupation Executive VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **805.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2015
Transaction ID : SA11AI.16229
 Amount of Each Receipt this Period
35.00

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 72 OF 209
	<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 Blue Cross & Blue Shield of Arizona, Inc.

A. Sandy Gibson
 Full Name (Last, First, Middle Initial)
 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 BCBSAZ Occupation Executive VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16327
 Amount of Each Receipt this Period
 35.00

B. Mr. Christopher Hogan
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. Pharmacy Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16015
 Amount of Each Receipt this Period
 10.00

c. Mr. Christopher Hogan
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. Pharmacy Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16111
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	55.00
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 73 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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.

A. Mr. Christopher Hogan
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. Pharmacy Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16234
 Amount of Each Receipt this Period
 10.00

B. Mr. Christopher Hogan
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P. Pharmacy Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16332
 Amount of Each Receipt this Period
 10.00

C. Cathy Huskey
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Federal Employee Program
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16017
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 74 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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.

A. Cathy Huskey
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Federal Employee Program
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16113
 Amount of Each Receipt this Period
 10.00

B. Cathy Huskey
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Federal Employee Program
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16236
 Amount of Each Receipt this Period
 10.00

C. Cathy Huskey
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Federal Employee Program
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16334
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
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 75 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 Blue Cross & Blue Shield of Arizona, Inc.

A. Sheri Jackson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Health Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15288
 Amount of Each Receipt this Period
 15.00

B. Sheri Jackson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Health Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15384
 Amount of Each Receipt this Period
 15.00

C. Sheri Jackson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Health Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11AI.15602
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 76 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

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

Mailing Address 2444 W Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Health Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 08 / 30 / 2015
Transaction ID : SA11AI.15501

Amount of Each Receipt this Period
15.00

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

Mailing Address 2444 W Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Health Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 09 / 13 / 2015
Transaction ID : SA11AI.15704

Amount of Each Receipt this Period
15.00

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

Mailing Address 2444 W Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Health Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 09 / 27 / 2015
Transaction ID : SA11AI.15803

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 77 OF 209
	<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	

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.

A. Sheri Jackson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Health Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2015
Transaction ID : SA11AI.15912
 Amount of Each Receipt this Period 15.00

B. Sheri Jackson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Health Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.16018
 Amount of Each Receipt this Period 15.00

C. Sheri Jackson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Health Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16114
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 78 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Sheri Jackson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Health Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16237
 Amount of Each Receipt this Period
 15.00

B. Sheri Jackson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Health Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16335
 Amount of Each Receipt this Period
 15.00

C. Vishu Jhaveri
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - CMO, Health Svcs, Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2015
Transaction ID : SA11AI.15193
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 79 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Vishu Jhaveri

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 Blue Cross Blue Shield of Ariz	Occupation Sr. VP - CMO, Health Svcs, Ntwk Mgmt
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2015

Transaction ID : SA11AI.15289

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
B. Vishu Jhaveri

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85021
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross Blue Shield of Ariz	Occupation Sr. VP - CMO, Health Svcs, Ntwk Mgmt
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2015

Transaction ID : SA11AI.15385

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
C. Vishu Jhaveri

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 Blue Cross Blue Shield of Ariz	Occupation Sr. VP - CMO, Health Svcs, Ntwk Mgmt
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2015

Transaction ID : SA11AI.15603

Amount of Each Receipt this Period

25.00

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: PAGE 80 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Vishu Jhaveri
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - CMO, Health Svcs, Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15502
 Amount of Each Receipt this Period 25.00

B. Vishu Jhaveri
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - CMO, Health Svcs, Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15705
 Amount of Each Receipt this Period 25.00

C. Vishu Jhaveri
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - CMO, Health Svcs, Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15804
 Amount of Each Receipt this Period 25.00

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: PAGE 81 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Vishu Jhaveri

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Sr. VP - CMO, Health Svcs, Ntwk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.15913

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Vishu Jhaveri

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Sr. VP - CMO, Health Svcs, Ntwk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16019

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Vishu Jhaveri

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Sr. VP - CMO, Health Svcs, Ntwk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16115

Amount of Each Receipt this Period
 25.00

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 82 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 Blue Cross & Blue Shield of Arizona, Inc.

A. Vishu Jhaveri
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - CMO, Health Svcs, Ntwk Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **575.00**

Date of Receipt **12 / 06 / 2015**
Transaction ID : SA11AI.16238
 Amount of Each Receipt this Period **25.00**

B. Vishu Jhaveri
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - CMO, Health Svcs, Ntwk Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 20 / 2015**
Transaction ID : SA11AI.16336
 Amount of Each Receipt this Period **25.00**

C. Jennifer Kaufman
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP, Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **07 / 05 / 2015**
Transaction ID : SA11AI.15194
 Amount of Each Receipt this Period **20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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.

A. Jennifer Kaufman
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 19 / 2015
Transaction ID : SA11AI.15290
 Amount of Each Receipt this Period 20.00

B. Jennifer Kaufman
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.15386
 Amount of Each Receipt this Period 20.00

C. Jennifer Kaufman
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15604
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 84 OF 209
(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.

A. Jennifer Kaufman
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15503
 Amount of Each Receipt this Period 20.00

B. Jennifer Kaufman
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15706
 Amount of Each Receipt this Period 20.00

C. Jennifer Kaufman
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15805
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Jennifer Kaufman
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.15914
 Amount of Each Receipt this Period
 20.00

B. Jennifer Kaufman
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16020
 Amount of Each Receipt this Period
 20.00

C. Jennifer Kaufman
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16116
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 86 OF 209
(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.

A. Jennifer Kaufman
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16239
 Amount of Each Receipt this Period
 20.00

B. Jennifer Kaufman
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP, Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16337
 Amount of Each Receipt this Period
 20.00

C. Kim. Kelley
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Dir Clinical Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15292
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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

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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Kim. Kelley
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Dir Clinical Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.15388
 Amount of Each Receipt this Period 15.00

B. Kim. Kelley
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Dir Clinical Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15606
 Amount of Each Receipt this Period 15.00

C. Kim. Kelley
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Dir Clinical Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15505
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 88 OF 209
(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.

A. Kim. Kelley
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Dir Clinical Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15708
 Amount of Each Receipt this Period 15.00

B. Kim. Kelley
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Dir Clinical Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15807
 Amount of Each Receipt this Period 15.00

C. Kim. Kelley
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Dir Clinical Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2015
Transaction ID : SA11AI.15916
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 89 OF 209
	<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	

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.

A. Kim. Kelley
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Dir Clinical Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 11 / 08 / 2015
Transaction ID : SA11AI.16022
 Amount of Each Receipt this Period
 15.00

B. Kim. Kelley
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Dir Clinical Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 11 / 22 / 2015
Transaction ID : SA11AI.16118
 Amount of Each Receipt this Period
 15.00

C. Kim. Kelley
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Dir Clinical Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 12 / 06 / 2015
Transaction ID : SA11AI.16241
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

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 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 (Last, First, Middle Initial)
A. Kim. Kelley

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of AZ Dir Clinical Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16339

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Molly Kimball

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 PHOENIX AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Strategy and Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15294

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. Molly Kimball

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 PHOENIX AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Strategy and Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15390

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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

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

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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Molly Kimball
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Strategy and Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11AI.15608
 Amount of Each Receipt this Period
 15.00

B. Molly Kimball
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Strategy and Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2015
Transaction ID : SA11AI.15507
 Amount of Each Receipt this Period
 15.00

C. Molly Kimball
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Strategy and Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2015
Transaction ID : SA11AI.15710
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Molly Kimball
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Strategy and Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : SA11AI.15809
 Amount of Each Receipt this Period
 15.00

B. Molly Kimball
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Strategy and Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.15918
 Amount of Each Receipt this Period
 15.00

C. Molly Kimball
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Strategy and Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16024
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Molly Kimball
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Strategy and Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16120
 Amount of Each Receipt this Period
 15.00

B. Molly Kimball
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Strategy and Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16243
 Amount of Each Receipt this Period
 15.00

C. Molly Kimball
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Strategy and Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16341
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 94 OF 209
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Lori Lambrecht
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr Mgr - Process & Adjud Sys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.16025
 Amount of Each Receipt this Period 10.00

B. Lori Lambrecht
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr Mgr - Process & Adjud Sys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16121
 Amount of Each Receipt this Period 10.00

C. Lori Lambrecht
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr Mgr - Process & Adjud Sys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16244
 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
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 95 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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.

A. Lori Lambrecht
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr Mgr - Process & Adjud Sys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16342
 Amount of Each Receipt this Period
 10.00

B. Scott Mack
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir Actuarial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15296
 Amount of Each Receipt this Period
 15.00

C. Scott Mack
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir Actuarial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15392
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

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 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 (Last, First, Middle Initial)
A. Scott Mack

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 Blue Cross Blue Shield of Ariz Occupation Dir Actuarial Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
08 / 16 / 2015
Transaction ID : SA11AI.15610

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Scott Mack

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 Blue Cross Blue Shield of Ariz Occupation Dir Actuarial Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
08 / 30 / 2015
Transaction ID : SA11AI.15509

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Scott Mack

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 Blue Cross Blue Shield of Ariz Occupation Dir Actuarial Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
09 / 13 / 2015
Transaction ID : SA11AI.15712

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 97 OF 209
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Scott Mack
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir Actuarial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15811
 Amount of Each Receipt this Period 15.00

B. Scott Mack
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir Actuarial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2015
Transaction ID : SA11AI.15920
 Amount of Each Receipt this Period 15.00

C. Scott Mack
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir Actuarial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.16026
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 98 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Scott Mack

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir Actuarial Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : SA11AI.16122

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Scott Mack

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir Actuarial Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015

Transaction ID : SA11AI.16245

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. Scott Mack

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir Actuarial Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015

Transaction ID : SA11AI.16343

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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

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

FOR LINE NUMBER: PAGE 99 OF 209
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 13 14 15 16 17

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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. Thomas Mandrola

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Large Group Sales/Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15297

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Thomas Mandrola

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Large Group Sales/Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15393

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. Thomas Mandrola

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Large Group Sales/Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11AI.15611

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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 100 OF 209
(check only one)

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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. Thomas Mandrola

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 Blue Cross Blue Shield of Ariz	Occupation Dir - Large Group Sales/Support
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2015

Transaction ID : SA11AI.15510

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)
B. Thomas Mandrola

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 Blue Cross Blue Shield of Ariz	Occupation Dir - Large Group Sales/Support
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2015

Transaction ID : SA11AI.15713

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)
C. Thomas Mandrola

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 Blue Cross Blue Shield of Ariz	Occupation Dir - Large Group Sales/Support
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2015

Transaction ID : SA11AI.15812

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

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 13 14 15 16 17

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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. Thomas Mandrola

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Large Group Sales/Support

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015

Transaction ID : SA11AI.15921

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Thomas Mandrola

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Large Group Sales/Support

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015

Transaction ID : SA11AI.16027

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. Thomas Mandrola

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Large Group Sales/Support

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : SA11AI.16123

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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 102 OF 209
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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Thomas Mandrola
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Large Group Sales/Support
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **345.00**

Date of Receipt **12 / 06 / 2015**
Transaction ID : SA11AI.16246
 Amount of Each Receipt this Period **15.00**

B. Thomas Mandrola
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Large Group Sales/Support
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 20 / 2015**
Transaction ID : SA11AI.16344
 Amount of Each Receipt this Period **15.00**

C. Andrew Mason
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - CCSA & Quality Assurance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 08 / 2015**
Transaction ID : SA11AI.16029
 Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **40.00**
TOTAL This Period (last page this line number only).....

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

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FOR LINE NUMBER: PAGE 103 OF 209
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 13 14 15 16 17

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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. Andrew Mason

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 Blue Cross Blue Shield of Ariz Occupation Dir - CCSA & Quality Assurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 22 / 2015
Transaction ID : SA11AI.16125

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Andrew Mason

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 Blue Cross Blue Shield of Ariz Occupation Dir - CCSA & Quality Assurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 12 / 06 / 2015
Transaction ID : SA11AI.16248

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Andrew Mason

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 Blue Cross Blue Shield of Ariz Occupation Dir - CCSA & Quality Assurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 20 / 2015
Transaction ID : SA11AI.16346

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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 104 OF 209
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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Kathryn Mattson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Indiv/SG Sales & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
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 07 / 19 / 2015
Transaction ID : SA11AI.15300
 Amount of Each Receipt this Period
 15.00

B. Kathryn Mattson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Indiv/SG Sales & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15396
 Amount of Each Receipt this Period
 15.00

C. Kathryn Mattson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Indiv/SG Sales & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
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 08 / 16 / 2015
Transaction ID : SA11AI.15614
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 105 OF 209
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Kathryn Mattson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Indiv/SG Sales & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15513
 Amount of Each Receipt this Period 15.00

B. Kathryn Mattson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Indiv/SG Sales & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15716
 Amount of Each Receipt this Period 15.00

C. Kathryn Mattson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Indiv/SG Sales & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15815
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 106 OF 209
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Kathryn Mattson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Indiv/SG Sales & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2015
Transaction ID : SA11AI.15924
 Amount of Each Receipt this Period 15.00

B. Kathryn Mattson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Indiv/SG Sales & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.16030
 Amount of Each Receipt this Period 15.00

C. Kathryn Mattson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Indiv/SG Sales & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16126
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 107 OF 209
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Kathryn Mattson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Indiv/SG Sales & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16249
 Amount of Each Receipt this Period 15.00

B. Kathryn Mattson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Indiv/SG Sales & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 20 / 2015
Transaction ID : SA11AI.16347
 Amount of Each Receipt this Period 15.00

C. Robyn Mauser
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Application Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.16031
 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 40.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Robyn Mauser
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Application Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16127
 Amount of Each Receipt this Period
 10.00

B. Robyn Mauser
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Application Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16250
 Amount of Each Receipt this Period
 10.00

C. Robyn Mauser
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Application Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16348
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
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 109 OF 209
(check only one)

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Jody Mentz
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Shield of Ariz Occupation Director, ICS Production Support
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 19 / 2015
Transaction ID : SA11AI.15302
Amount of Each Receipt this Period 15.00

B. Jody Mentz
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Shield of Ariz Occupation Director, ICS Production Support
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.15398
Amount of Each Receipt this Period 15.00

C. Jody Mentz
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Shield of Ariz Occupation Director, ICS Production Support
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15616
Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 110 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Jody Mentz
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, ICS Production Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15515
 Amount of Each Receipt this Period 15.00

B. Jody Mentz
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, ICS Production Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15718
 Amount of Each Receipt this Period 15.00

C. Jody Mentz
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, ICS Production Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15817
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 111 OF 209
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Jody Mentz
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, ICS Production Support
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 11 / 2015**
Transaction ID : SA11AI.15926
 Amount of Each Receipt this Period **15.00**

B. Jody Mentz
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, ICS Production Support
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **315.00**

Date of Receipt **11 / 08 / 2015**
Transaction ID : SA11AI.16032
 Amount of Each Receipt this Period **15.00**

C. Jody Mentz
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, ICS Production Support
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 22 / 2015**
Transaction ID : SA11AI.16128
 Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... **45.00**
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 112 OF 209
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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Jody Mentz
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, ICS Production Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16251
 Amount of Each Receipt this Period
 15.00

B. Jody Mentz
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, ICS Production Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16349
 Amount of Each Receipt this Period
 15.00

C. Elizabeth Messina
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2015
Transaction ID : SA11AI.15207
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Elizabeth Messina
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15303
 Amount of Each Receipt this Period
 35.00

B. Elizabeth Messina
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15399
 Amount of Each Receipt this Period
 35.00

C. Elizabeth Messina
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt
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 08 / 16 / 2015
Transaction ID : SA11AI.15617
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 114 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Elizabeth Messina
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **595.00**

Date of Receipt **08 / 30 / 2015**
Transaction ID : SA11AI.15516
 Amount of Each Receipt this Period **35.00**

B. Elizabeth Messina
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **09 / 13 / 2015**
Transaction ID : SA11AI.15719
 Amount of Each Receipt this Period **35.00**

C. Elizabeth Messina
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **665.00**

Date of Receipt **09 / 27 / 2015**
Transaction ID : SA11AI.15818
 Amount of Each Receipt this Period **35.00**

SUBTOTAL of Receipts This Page (optional)..... ► **105.00**
TOTAL This Period (last page this line number only)..... ►

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

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FOR LINE NUMBER: PAGE 115 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Elizabeth Messina
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.15927
 Amount of Each Receipt this Period
 35.00

B. Elizabeth Messina
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16033
 Amount of Each Receipt this Period
 35.00

C. Elizabeth Messina
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16129
 Amount of Each Receipt this Period
 35.00

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 116 OF 209
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Elizabeth Messina
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 805.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16252
 Amount of Each Receipt this Period
 35.00

B. Elizabeth Messina
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16350
 Amount of Each Receipt this Period
 35.00

C. Chris Messner
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Prod Mgmt and Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
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 07 / 19 / 2015
Transaction ID : SA11AI.15304
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 117 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Chris Messner

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 Blue Cross Blue Shield of Ariz Occupation Dir - Prod Mgmt and Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **08 / 02 / 2015**

Transaction ID : SA11AI.15400

Amount of Each Receipt this Period **15.00**

Full Name (Last, First, Middle Initial)
B. Chris Messner

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 Blue Cross Blue Shield of Ariz Occupation Dir - Prod Mgmt and Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 16 / 2015**

Transaction ID : SA11AI.15618

Amount of Each Receipt this Period **15.00**

Full Name (Last, First, Middle Initial)
C. Chris Messner

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 Blue Cross Blue Shield of Ariz Occupation Dir - Prod Mgmt and Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **08 / 30 / 2015**

Transaction ID : SA11AI.15517

Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 118 OF 209
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<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 Blue Cross & Blue Shield of Arizona, Inc.

A. Chris Messner
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Prod Mgmt and Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 13 / 2015
Transaction ID : SA11AI.15720
 Amount of Each Receipt this Period
 15.00

B. Chris Messner
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Prod Mgmt and Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 09 / 27 / 2015
Transaction ID : SA11AI.15819
 Amount of Each Receipt this Period
 15.00

C. Chris Messner
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Prod Mgmt and Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 10 / 11 / 2015
Transaction ID : SA11AI.15928
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 119 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Chris Messner

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 Blue Cross Blue Shield of Ariz Occupation Dir - Prod Mgmt and Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **11 / 08 / 2015**

Transaction ID : SA11AI.16034

Amount of Each Receipt this Period **15.00**

Full Name (Last, First, Middle Initial)
B. Chris Messner

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 Blue Cross Blue Shield of Ariz Occupation Dir - Prod Mgmt and Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 22 / 2015**

Transaction ID : SA11AI.16130

Amount of Each Receipt this Period **15.00**

Full Name (Last, First, Middle Initial)
C. Chris Messner

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 Blue Cross Blue Shield of Ariz Occupation Dir - Prod Mgmt and Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **12 / 06 / 2015**

Transaction ID : SA11AI.16253

Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 120 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Chris Messner
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Prod Mgmt and Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16351
 Amount of Each Receipt this Period
 15.00

B. Laura Meyer
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Special Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2015
Transaction ID : SA11AI.15209
 Amount of Each Receipt this Period
 20.00

C. Laura Meyer
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Special Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15305
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 121 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Laura Meyer
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Special Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15401
 Amount of Each Receipt this Period
 20.00

B. Laura Meyer
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Special Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11AI.15619
 Amount of Each Receipt this Period
 20.00

C. Laura Meyer
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Special Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2015
Transaction ID : SA11AI.15518
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 122 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Laura Meyer

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 Blue Cross Blue Shield of Ariz Occupation Special Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
09 / 13 / 2015

Transaction ID : SA11AI.15721

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Laura Meyer

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 Blue Cross Blue Shield of Ariz Occupation Special Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
09 / 27 / 2015

Transaction ID : SA11AI.15820

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Laura Meyer

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 Blue Cross Blue Shield of Ariz Occupation Special Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
10 / 11 / 2015

Transaction ID : SA11AI.15930

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **60.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 209
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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Laura Meyer
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Special Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16035
 Amount of Each Receipt this Period
 20.00

B. Laura Meyer
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Special Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16131
 Amount of Each Receipt this Period
 20.00

C. Laura Meyer
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Special Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16254
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 124 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Laura Meyer

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 Blue Cross Blue Shield of Ariz Occupation Special Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
12 / 20 / 2015
Transaction ID : SA11AI.16352

Amount of Each Receipt this Period
20.00

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

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 Blue Cross Blue Shield of Ariz Occupation Dir - Informatics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
07 / 19 / 2015
Transaction ID : SA11AI.15306

Amount of Each Receipt this Period
15.00

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

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 Blue Cross Blue Shield of Ariz Occupation Dir - Informatics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
08 / 02 / 2015
Transaction ID : SA11AI.15402

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **50.00**

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

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

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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Cindy Montgomery
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15620
 Amount of Each Receipt this Period 15.00

B. Cindy Montgomery
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15519
 Amount of Each Receipt this Period 15.00

C. Cindy Montgomery
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15722
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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 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 Blue Cross & Blue Shield of Arizona, Inc.

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

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 Blue Cross Blue Shield of Ariz Occupation Dir - Informatics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 27 / 2015**

Transaction ID : SA11AI.15821

Amount of Each Receipt this Period **15.00**

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

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 Blue Cross Blue Shield of Ariz Occupation Dir - Informatics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 11 / 2015**

Transaction ID : SA11AI.15931

Amount of Each Receipt this Period **15.00**

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

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 Blue Cross Blue Shield of Ariz Occupation Dir - Informatics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **11 / 08 / 2015**

Transaction ID : SA11AI.16036

Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 127 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Cindy Montgomery
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16132
 Amount of Each Receipt this Period
 15.00

B. Cindy Montgomery
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16255
 Amount of Each Receipt this Period
 15.00

C. Cindy Montgomery
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16353
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 128 OF 209
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Marcus Montoya

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 Blue Cross Blue Shield of Ariz	Occupation VP - Provider Network Mgnt
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2015

Transaction ID : SA11AI.15212

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Marcus Montoya

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 Blue Cross Blue Shield of Ariz	Occupation VP - Provider Network Mgnt
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2015

Transaction ID : SA11AI.15308

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Marcus Montoya

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 Blue Cross Blue Shield of Ariz	Occupation VP - Provider Network Mgnt
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2015

Transaction ID : SA11AI.15404

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 129 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Marcus Montoya

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 Blue Cross Blue Shield of Ariz Occupation VP - Provider Network Mgnt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2015

Transaction ID : SA11AI.15622

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Marcus Montoya

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 Blue Cross Blue Shield of Ariz Occupation VP - Provider Network Mgnt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2015

Transaction ID : SA11AI.15521

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Marcus Montoya

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 Blue Cross Blue Shield of Ariz Occupation VP - Provider Network Mgnt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2015

Transaction ID : SA11AI.15724

Amount of Each Receipt this Period
25.00

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 130 OF 209
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<input type="checkbox"/> 12	<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 Blue Cross & Blue Shield of Arizona, Inc.

A. Marcus Montoya
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Provider Network Mgnt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : SA11AI.15823
 Amount of Each Receipt this Period
 25.00

B. Marcus Montoya
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Provider Network Mgnt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.15933
 Amount of Each Receipt this Period
 25.00

C. Marcus Montoya
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Provider Network Mgnt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16038
 Amount of Each Receipt this Period
 25.00

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: PAGE 131 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Marcus Montoya

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 Blue Cross Blue Shield of Ariz Occupation VP - Provider Network Mgnt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 22 / 2015**

Transaction ID : SA11AI.16134

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
B. Marcus Montoya

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 Blue Cross Blue Shield of Ariz Occupation VP - Provider Network Mgnt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **12 / 06 / 2015**

Transaction ID : SA11AI.16257

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
C. Marcus Montoya

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 Blue Cross Blue Shield of Ariz Occupation VP - Provider Network Mgnt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 20 / 2015**

Transaction ID : SA11AI.16355

Amount of Each Receipt this Period **25.00**

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 132 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. James Napoli
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Sr Med Dir, PRov/Care Trn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15310
 Amount of Each Receipt this Period
 15.00

B. James Napoli
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Sr Med Dir, PRov/Care Trn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15406
 Amount of Each Receipt this Period
 15.00

C. James Napoli
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Sr Med Dir, PRov/Care Trn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11AI.15624
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 133 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. James Napoli
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Sr Med Dir, PRov/Care Trn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **08 / 30 / 2015**
Transaction ID : SA11AI.15523
 Amount of Each Receipt this Period **15.00**

B. James Napoli
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Sr Med Dir, PRov/Care Trn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 13 / 2015**
Transaction ID : SA11AI.15726
 Amount of Each Receipt this Period **15.00**

C. James Napoli
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Sr Med Dir, PRov/Care Trn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 27 / 2015**
Transaction ID : SA11AI.15825
 Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... **45.00**
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 134 OF 209
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. James Napoli
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Sr Med Dir, PRov/Care Trn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 11 / 2015**
Transaction ID : SA11AI.15935
 Amount of Each Receipt this Period **15.00**

B. James Napoli
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Sr Med Dir, PRov/Care Trn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **315.00**

Date of Receipt **11 / 08 / 2015**
Transaction ID : SA11AI.16040
 Amount of Each Receipt this Period **15.00**

C. James Napoli
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Sr Med Dir, PRov/Care Trn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 22 / 2015**
Transaction ID : SA11AI.16136
 Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... **45.00**
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

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(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.

A. James Napoli
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Sr Med Dir, PRov/Care Trn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16259
 Amount of Each Receipt this Period
 15.00

B. James Napoli
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Sr Med Dir, PRov/Care Trn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16357
 Amount of Each Receipt this Period
 15.00

C. Mrs. Susan Nash
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.- BlueCard Admn & Medicare Prg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2015
Transaction ID : SA11AI.15215
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 136 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Mrs. Susan Nash
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.- BlueCard Admn & Medicare Prg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 19 / 2015
Transaction ID : SA11AI.15311
 Amount of Each Receipt this Period 30.00

B. Mrs. Susan Nash
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.- BlueCard Admn & Medicare Prg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.15407
 Amount of Each Receipt this Period 30.00

C. Mrs. Susan Nash
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.- BlueCard Admn & Medicare Prg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15625
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Mrs. Susan Nash
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.- BlueCard Admn & Medicare Prg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15524
 Amount of Each Receipt this Period 30.00

B. Mrs. Susan Nash
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.- BlueCard Admn & Medicare Prg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15727
 Amount of Each Receipt this Period 30.00

C. Mrs. Susan Nash
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.- BlueCard Admn & Medicare Prg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15826
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Mrs. Susan Nash
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.- BlueCard Admn & Medicare Prg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 11 / 2015
Transaction ID : SA11AI.15936
 Amount of Each Receipt this Period 30.00

B. Mrs. Susan Nash
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.- BlueCard Admn & Medicare Prg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.16041
 Amount of Each Receipt this Period 30.00

C. Mrs. Susan Nash
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.- BlueCard Admn & Medicare Prg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16137
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Mrs. Susan Nash
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.- BlueCard Admn & Medicare Prg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16260
 Amount of Each Receipt this Period 30.00

B. Mrs. Susan Nash
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation V.P.- BlueCard Admn & Medicare Prg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 12 / 20 / 2015
Transaction ID : SA11AI.16358
 Amount of Each Receipt this Period 30.00

C. Mrs. Susan Navran
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Executive V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 05 / 2015
Transaction ID : SA11AI.15216
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00
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

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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Marty O'Reilly
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 19 / 2015
Transaction ID : SA11AI.15313
 Amount of Each Receipt this Period 15.00

B. Marty O'Reilly
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.15409
 Amount of Each Receipt this Period 15.00

c. Marty O'Reilly
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15627
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 141 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Marty O'Reilly
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15526
 Amount of Each Receipt this Period 15.00

B. Marty O'Reilly
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15729
 Amount of Each Receipt this Period 15.00

c. Marty O'Reilly
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15828
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 142 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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.

A. Marty O'Reilly
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.15938
 Amount of Each Receipt this Period
 15.00

B. Marty O'Reilly
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16043
 Amount of Each Receipt this Period
 15.00

c. Marty O'Reilly
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16139
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 143 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Marty O'Reilly
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16262
 Amount of Each Receipt this Period
 15.00

B. Marty O'Reilly
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16360
 Amount of Each Receipt this Period
 15.00

C. Linda Olvey
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W. Palmaritas Dr
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Ariz Occupation VP - Enrollment
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16044
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....	40.00
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

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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Linda Olvey
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W. Palmaritas Dr
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Ariz Occupation VP - Enrollment
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16140
 Amount of Each Receipt this Period
 10.00

B. Linda Olvey
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W. Palmaritas Dr
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Ariz Occupation VP - Enrollment
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16263
 Amount of Each Receipt this Period
 10.00

C. Linda Olvey
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W. Palmaritas Dr
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Ariz Occupation VP - Enrollment
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16361
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
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 145 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Harry Papp
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.15762
 Amount of Each Receipt this Period
 300.00

B. Harry Papp
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : SA11AI.15973
 Amount of Each Receipt this Period
 300.00

C. Andrea Parsons
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - PR & Corp Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15315
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	615.00
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 146 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Andrea Parsons
 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 Blue Cross Blue Shield of Ariz Occupation Dir - PR & Corp Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.15411
 Amount of Each Receipt this Period 15.00

Full Name (Last, First, Middle Initial)
B. Andrea Parsons
 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 Blue Cross Blue Shield of Ariz Occupation Dir - PR & Corp Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15629
 Amount of Each Receipt this Period 15.00

Full Name (Last, First, Middle Initial)
C. Andrea Parsons
 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 Blue Cross Blue Shield of Ariz Occupation Dir - PR & Corp Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15528
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 147 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Andrea Parsons

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 Blue Cross Blue Shield of Ariz Occupation Dir - PR & Corp Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 09 / 13 / 2015
Transaction ID : SA11AI.15731

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Andrea Parsons

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 Blue Cross Blue Shield of Ariz Occupation Dir - PR & Corp Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 09 / 27 / 2015
Transaction ID : SA11AI.15830

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Andrea Parsons

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 Blue Cross Blue Shield of Ariz Occupation Dir - PR & Corp Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 10 / 11 / 2015
Transaction ID : SA11AI.15940

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 148 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Andrea Parsons
 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 Blue Cross Blue Shield of Ariz Occupation Dir - PR & Corp Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2015
Transaction ID : SA11AI.16045
 Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Andrea Parsons
 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 Blue Cross Blue Shield of Ariz Occupation Dir - PR & Corp Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2015
Transaction ID : SA11AI.16141
 Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Andrea Parsons
 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 Blue Cross Blue Shield of Ariz Occupation Dir - PR & Corp Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **345.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2015
Transaction ID : SA11AI.16264
 Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**
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 149 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Andrea Parsons

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - PR & Corp Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015

Transaction ID : SA11AI.16362

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Jennifer Ratti

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Applications Sys Analyst IV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015

Transaction ID : SA11AI.16047

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Jennifer Ratti

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Applications Sys Analyst IV

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : SA11AI.16143

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 35.00

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 150 OF 209
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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. Jennifer Ratti			Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>12</td><td></td><td></td><td>06</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	12			06			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
12			06			2015																	
Mailing Address 2444 W. Las Palmaritas Dr			Transaction ID : SA11AI.16266																				
City Phoenix	State AZ	Zip Code 85021	Amount of Each Receipt this Period <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>10.00</td></tr> </table>																				10.00
									10.00														
FEC ID number of contributing federal political committee. C																							
Name of Employer Blue Cross Blue Shield of Ariz	Occupation Applications Sys Analyst IV																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>230.00</td></tr> </table>																					230.00	
									230.00														

Full Name (Last, First, Middle Initial) B. Jennifer Ratti			Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>12</td><td></td><td></td><td>20</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	12			20			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
12			20			2015																	
Mailing Address 2444 W. Las Palmaritas Dr			Transaction ID : SA11AI.16364																				
City Phoenix	State AZ	Zip Code 85021	Amount of Each Receipt this Period <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>10.00</td></tr> </table>																				10.00
									10.00														
FEC ID number of contributing federal political committee. C																							
Name of Employer Blue Cross Blue Shield of Ariz	Occupation Applications Sys Analyst IV																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>240.00</td></tr> </table>																					240.00	
									240.00														

Full Name (Last, First, Middle Initial) C. Deanna Salazar			Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>07</td><td></td><td></td><td>05</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	07			05			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			05			2015																	
Mailing Address 2444 W. Las Palmaritas Dr			Transaction ID : SA11AI.15224																				
City Phoenix	State AZ	Zip Code 85021	Amount of Each Receipt this Period <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>40.00</td></tr> </table>																				40.00
									40.00														
FEC ID number of contributing federal political committee. C																							
Name of Employer Blue Cross Blue Shield of Ariz	Occupation Sr. VP - General Counsel																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>520.00</td></tr> </table>																					520.00	
									520.00														

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>60.00</td></tr> </table>																				60.00
									60.00												
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				

**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 151 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Deanna Salazar
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 19 / 2015
Transaction ID : SA11AI.15319
 Amount of Each Receipt this Period 40.00

B. Deanna Salazar
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 02 / 2015
Transaction ID : SA11AI.15415
 Amount of Each Receipt this Period 40.00

C. Deanna Salazar
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11AI.15633
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Deanna Salazar
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **08 / 30 / 2015**
Transaction ID : SA11AI.15532
 Amount of Each Receipt this Period **40.00**

B. Deanna Salazar
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **09 / 13 / 2015**
Transaction ID : SA11AI.15735
 Amount of Each Receipt this Period **40.00**

C. Deanna Salazar
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **09 / 27 / 2015**
Transaction ID : SA11AI.15834
 Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 209
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Deanna Salazar
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **10 / 11 / 2015**
Transaction ID : SA11AI.15944
 Amount of Each Receipt this Period **40.00**

B. Deanna Salazar
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **11 / 08 / 2015**
Transaction ID : SA11AI.16049
 Amount of Each Receipt this Period **40.00**

C. Deanna Salazar
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **880.00**

Date of Receipt **11 / 22 / 2015**
Transaction ID : SA11AI.16145
 Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Deanna Salazar
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt
 12 / 06 / 2015
Transaction ID : SA11AI.16268
 Amount of Each Receipt this Period
 40.00

B. Deanna Salazar
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 12 / 20 / 2015
Transaction ID : SA11AI.16366
 Amount of Each Receipt this Period
 40.00

C. Mary Semma
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Corporate Integrity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 07 / 04 / 2015
Transaction ID : SA11AI.15225
 Amount of Each Receipt this Period
 25.00

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 155 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Mary Semma

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 Blue Cross Blue Shield of Ariz Occupation VP - Corporate Integrity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
07 / 19 / 2015
Transaction ID : SA11AI.15320

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Mary Semma

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 Blue Cross Blue Shield of Ariz Occupation VP - Corporate Integrity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
08 / 02 / 2015
Transaction ID : SA11AI.15416

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
c. Mary Semma

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 Blue Cross Blue Shield of Ariz Occupation VP - Corporate Integrity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
08 / 16 / 2015
Transaction ID : SA11AI.15634

Amount of Each Receipt this Period
25.00

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: PAGE 156 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Mary Semma

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 Blue Cross Blue Shield of Ariz Occupation VP - Corporate Integrity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **08 / 30 / 2015**

Transaction ID : SA11AI.15533

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
B. Mary Semma

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 Blue Cross Blue Shield of Ariz Occupation VP - Corporate Integrity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 13 / 2015**

Transaction ID : SA11AI.15736

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
c. Mary Semma

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 Blue Cross Blue Shield of Ariz Occupation VP - Corporate Integrity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **09 / 27 / 2015**

Transaction ID : SA11AI.15835

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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

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

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FOR LINE NUMBER: PAGE 157 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Mary Semma

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 Blue Cross Blue Shield of Ariz Occupation VP - Corporate Integrity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 11 / 2015**

Transaction ID : SA11AI.15945

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
B. Mary Semma

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 Blue Cross Blue Shield of Ariz Occupation VP - Corporate Integrity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **11 / 08 / 2015**

Transaction ID : SA11AI.16050

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
c. Mary Semma

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 Blue Cross Blue Shield of Ariz Occupation VP - Corporate Integrity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 22 / 2015**

Transaction ID : SA11AI.16146

Amount of Each Receipt this Period **25.00**

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: PAGE 158 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Mary Semma

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 Blue Cross Blue Shield of Ariz Occupation VP - Corporate Integrity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **12 / 06 / 2015**

Transaction ID : SA11AI.16269

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
B. Mary Semma

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 Blue Cross Blue Shield of Ariz Occupation VP - Corporate Integrity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 20 / 2015**

Transaction ID : SA11AI.16367

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
C. Carol Smallwood

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 Blue Cross Blue Shield of Ariz Occupation VP - Claims & CS Subsidized Exc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **07 / 05 / 2015**

Transaction ID : SA11AI.15229

Amount of Each Receipt this Period **25.00**

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 159 OF 209
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Carol Smallwood
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims & CS Subsidized Exc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15324
 Amount of Each Receipt this Period
 25.00

B. Carol Smallwood
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims & CS Subsidized Exc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15420
 Amount of Each Receipt this Period
 25.00

C. Carol Smallwood
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims & CS Subsidized Exc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11AI.15638
 Amount of Each Receipt this Period
 25.00

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 160 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Carol Smallwood
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims & CS Subsidized Exc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt **08 / 30 / 2015**
Transaction ID : SA11AI.15537
 Amount of Each Receipt this Period **25.00**

B. Carol Smallwood
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims & CS Subsidized Exc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 13 / 2015**
Transaction ID : SA11AI.15740
 Amount of Each Receipt this Period **25.00**

C. Carol Smallwood
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims & CS Subsidized Exc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **475.00**

Date of Receipt **09 / 27 / 2015**
Transaction ID : SA11AI.15839
 Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **75.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Carol Smallwood
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims & CS Subsidized Exc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2015
Transaction ID : SA11AI.15949
 Amount of Each Receipt this Period 25.00

B. Carol Smallwood
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims & CS Subsidized Exc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.16054
 Amount of Each Receipt this Period 25.00

C. Carol Smallwood
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Claims & CS Subsidized Exc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16150
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 162 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Carol Smallwood

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Claims & CS Subsidized Exc

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16273

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Carol Smallwood

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Claims & CS Subsidized Exc

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16371

Amount of Each Receipt this Period
 25.00

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

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP Operational Excellence

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2015
Transaction ID : SA11AI.15230

Amount of Each Receipt this Period
 25.00

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: PAGE 163 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Scott Sowell
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15325
 Amount of Each Receipt this Period
 25.00

B. Scott Sowell
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15421
 Amount of Each Receipt this Period
 25.00

C. Scott Sowell
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11AI.15639
 Amount of Each Receipt this Period
 25.00

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: PAGE 164 OF 209
(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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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. Scott Sowell

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 Blue Cross Blue Shield of Ariz	Occupation VP Operational Excellence
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2015

Transaction ID : SA11AI.15538

Amount of Each Receipt this Period

25.00

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

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 Blue Cross Blue Shield of Ariz	Occupation VP Operational Excellence
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2015

Transaction ID : SA11AI.15741

Amount of Each Receipt this Period

25.00

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

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 Blue Cross Blue Shield of Ariz	Occupation VP Operational Excellence
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2015

Transaction ID : SA11AI.15840

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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 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 Blue Cross & Blue Shield of Arizona, Inc.

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

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP Operational Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.15950

Amount of Each Receipt this Period
 25.00

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

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP Operational Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16055

Amount of Each Receipt this Period
 25.00

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

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP Operational Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16151

Amount of Each Receipt this Period
 25.00

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: PAGE 166 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

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

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 Blue Cross Blue Shield of Ariz Occupation VP Operational Excellence

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **12 / 06 / 2015**
Transaction ID : SA11AI.16274

Amount of Each Receipt this Period **25.00**

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

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 Blue Cross Blue Shield of Ariz Occupation VP Operational Excellence

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 20 / 2015**
Transaction ID : SA11AI.16372

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
C. Jeff Stelnik

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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - Strategy/Sales/Mrktng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt **07 / 05 / 2015**
Transaction ID : SA11AI.15232

Amount of Each Receipt this Period **35.00**

SUBTOTAL of Receipts This Page (optional)..... **85.00**

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 167 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Jeff Stelnik

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Sr. VP - Strategy/Sales/Mrktng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015

Transaction ID : SA11AI.15327

Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
B. Jeff Stelnik

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Sr. VP - Strategy/Sales/Mrktng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015

Transaction ID : SA11AI.15423

Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
C. Jeff Stelnik

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Sr. VP - Strategy/Sales/Mrktng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015

Transaction ID : SA11AI.15641

Amount of Each Receipt this Period
 35.00

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 168 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Jeff Stelnik
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - Strategy/Sales/Mrktng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15540
 Amount of Each Receipt this Period 35.00

B. Jeff Stelnik
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - Strategy/Sales/Mrktng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15743
 Amount of Each Receipt this Period 35.00

C. Jeff Stelnik
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - Strategy/Sales/Mrktng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15842
 Amount of Each Receipt this Period 35.00

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 169 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Jeff Stelnik
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - Strategy/Sales/Mrktng
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **10 / 11 / 2015**
Transaction ID : SA11AI.15952
 Amount of Each Receipt this Period **35.00**

B. Jeff Stelnik
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - Strategy/Sales/Mrktng
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **735.00**

Date of Receipt **11 / 08 / 2015**
Transaction ID : SA11AI.16057
 Amount of Each Receipt this Period **35.00**

C. Jeff Stelnik
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - Strategy/Sales/Mrktng
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **770.00**

Date of Receipt **11 / 22 / 2015**
Transaction ID : SA11AI.16153
 Amount of Each Receipt this Period **35.00**

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 170 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Jeff Stelnik
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - Strategy/Sales/Mrktng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **805.00**

Date of Receipt **12 / 06 / 2015**
Transaction ID : SA11AI.16276
 Amount of Each Receipt this Period **35.00**

B. Jeff Stelnik
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Sr. VP - Strategy/Sales/Mrktng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **12 / 20 / 2015**
Transaction ID : SA11AI.16374
 Amount of Each Receipt this Period **35.00**

C. Deidra Stone
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **07 / 05 / 2015**
Transaction ID : SA11AI.15233
 Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **90.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 171 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Deidra Stone
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15328
 Amount of Each Receipt this Period
 20.00

B. Deidra Stone
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15424
 Amount of Each Receipt this Period
 20.00

C. Deidra Stone
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11AI.15642
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 172 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Deidra Stone
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15541
 Amount of Each Receipt this Period 20.00

B. Deidra Stone
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15744
 Amount of Each Receipt this Period 20.00

C. Deidra Stone
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15843
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 173 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Deidra Stone
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.15953
 Amount of Each Receipt this Period
 20.00

B. Deidra Stone
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16058
 Amount of Each Receipt this Period
 20.00

C. Deidra Stone
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16154
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Deidra Stone
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16277
 Amount of Each Receipt this Period
 20.00

B. Deidra Stone
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director, Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16375
 Amount of Each Receipt this Period
 20.00

C. Kim Stucket
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director Production Support Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16155
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
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 175 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Kim Stucket
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director Production Support Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16278
 Amount of Each Receipt this Period
 15.00

B. Kim Stucket
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Director Production Support Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16376
 Amount of Each Receipt this Period
 15.00

C. Rebecca Thompson
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of AZ Occupation Manager Healthcare Economics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16061
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 40.00
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

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(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Rebecca Thompson
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Shield of AZ Occupation Manager Healthcare Economics
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16157
Amount of Each Receipt this Period 10.00

B. Rebecca Thompson
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Shield of AZ Occupation Manager Healthcare Economics
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16280
Amount of Each Receipt this Period 10.00

C. Rebecca Thompson
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Shield of AZ Occupation Manager Healthcare Economics
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 20 / 2015
Transaction ID : SA11AI.16378
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Michael Tilton

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 07 / 05 / 2015
Transaction ID : SA11AI.15237

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Michael Tilton

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 07 / 19 / 2015
Transaction ID : SA11AI.15332

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Michael Tilton

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 08 / 02 / 2015
Transaction ID : SA11AI.15428

Amount of Each Receipt this Period
 25.00

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: PAGE 178 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Michael Tilton

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 08 / 16 / 2015
Transaction ID : SA11AI.15646

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Michael Tilton

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 08 / 30 / 2015
Transaction ID : SA11AI.15546

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Michael Tilton

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 09 / 13 / 2015
Transaction ID : SA11AI.15748

Amount of Each Receipt this Period
 25.00

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: PAGE 179 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Michael Tilton

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 Blue Cross Blue Shield of Ariz Occupation VP - Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt
09 / 27 / 2015
Transaction ID : SA11AI.15847

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Michael Tilton

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 Blue Cross Blue Shield of Ariz Occupation VP - Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
10 / 11 / 2015
Transaction ID : SA11AI.15957

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Michael Tilton

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 Blue Cross Blue Shield of Ariz Occupation VP - Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
11 / 08 / 2015
Transaction ID : SA11AI.16062

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 180 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Michael Tilton

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2015

Transaction ID : SA11AI.16158

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Michael Tilton

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2015

Transaction ID : SA11AI.16281

Amount of Each Receipt this Period
25.00

contribution to a non federal pac

Full Name (Last, First, Middle Initial)
C. Michael Tilton

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2015

Transaction ID : SA11AI.16379

Amount of Each Receipt this Period
25.00

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: PAGE 181 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Gary Trujillo
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11AI.15763
 Amount of Each Receipt this Period 250.00

B. Gary Trujillo
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2015
Transaction ID : SA11AI.15974
 Amount of Each Receipt this Period 250.00

C. Su Tucker
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Sheild of Ariz Occupation Director - Prov Network Rel & Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 05 / 2015
Transaction ID : SA11AI.15239
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.00
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 182 OF 209
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<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

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. Su Tucker		Date of Receipt MM / DD / YYYY 07 / 19 / 2015 Transaction ID : SA11AI.15334
Mailing Address 2444 W. Las Palmaritas Dr		Amount of Each Receipt this Period 20.00
City Phoenix	State AZ	Zip Code 85021
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross Blue Sheild of Ariz	Occupation Director - Prov Network Rel & Contr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Su Tucker		Date of Receipt MM / DD / YYYY 08 / 02 / 2015 Transaction ID : SA11AI.15430
Mailing Address 2444 W. Las Palmaritas Dr		Amount of Each Receipt this Period 20.00
City Phoenix	State AZ	Zip Code 85021
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross Blue Sheild of Ariz	Occupation Director - Prov Network Rel & Contr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Su Tucker		Date of Receipt MM / DD / YYYY 08 / 16 / 2015 Transaction ID : SA11AI.15648
Mailing Address 2444 W. Las Palmaritas Dr		Amount of Each Receipt this Period 20.00
City Phoenix	State AZ	Zip Code 85021
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross Blue Sheild of Ariz	Occupation Director - Prov Network Rel & Contr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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FOR LINE NUMBER: PAGE 183 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Su Tucker
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Sheild of Ariz Occupation Director - Prov Network Rel & Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 30 / 2015
Transaction ID : SA11AI.15548
 Amount of Each Receipt this Period 20.00

B. Su Tucker
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Sheild of Ariz Occupation Director - Prov Network Rel & Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 13 / 2015
Transaction ID : SA11AI.15750
 Amount of Each Receipt this Period 20.00

C. Su Tucker
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Sheild of Ariz Occupation Director - Prov Network Rel & Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15849
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 184 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Su Tucker
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Sheild of Ariz Occupation Director - Prov Network Rel & Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.15959
 Amount of Each Receipt this Period
 20.00

B. Su Tucker
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Sheild of Ariz Occupation Director - Prov Network Rel & Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16064
 Amount of Each Receipt this Period
 20.00

C. Su Tucker
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Sheild of Ariz Occupation Director - Prov Network Rel & Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16160
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 185 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Su Tucker
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Sheild of Ariz Occupation Director - Prov Network Rel & Contr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16283
Amount of Each Receipt this Period 20.00

B. Su Tucker
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Sheild of Ariz Occupation Director - Prov Network Rel & Contr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 20 / 2015
Transaction ID : SA11AI.16381
Amount of Each Receipt this Period 20.00

C. Cynthia Walls
Full Name (Last, First, Middle Initial)
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 Blue Cross Blue Shield of Ariz Occupation VP - Med Mgmt, Wellness, HS Inv
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.16067
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
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 186 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

A. Cynthia Walls
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Med Mgmt, Wellness, HS Inv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 11 / 22 / 2015
Transaction ID : SA11AI.16163
 Amount of Each Receipt this Period
 10.00

B. Cynthia Walls
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Med Mgmt, Wellness, HS Inv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 12 / 06 / 2015
Transaction ID : SA11AI.16286
 Amount of Each Receipt this Period
 10.00

C. Cynthia Walls
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - Med Mgmt, Wellness, HS Inv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 20 / 2015
Transaction ID : SA11AI.16384
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 187 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Matt Wandoloski

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Strategy & Informatics

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2015

Transaction ID : SA11AI.15243

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Matt Wandoloski

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Strategy & Informatics

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2015

Transaction ID : SA11AI.15338

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Matt Wandoloski

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Strategy & Informatics

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2015

Transaction ID : SA11AI.15434

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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

**SCHEDULE A (FEC Form 3X)
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Matt Wandoloski

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 Blue Cross Blue Shield of Ariz Occupation VP - Strategy & Informatics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 16 / 2015**

Transaction ID : SA11AI.15652

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
B. Matt Wandoloski

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 Blue Cross Blue Shield of Ariz Occupation VP - Strategy & Informatics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **08 / 30 / 2015**

Transaction ID : SA11AI.15552

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
C. Matt Wandoloski

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 Blue Cross Blue Shield of Ariz Occupation VP - Strategy & Informatics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 13 / 2015**

Transaction ID : SA11AI.15754

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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

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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Matt Wandoloski

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Strategy & Informatics

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2015
Transaction ID : SA11AI.15853

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Matt Wandoloski

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Strategy & Informatics

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.15963

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Matt Wandoloski

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Strategy & Informatics

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16068

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

FOR LINE NUMBER: PAGE 190 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Matt Wandoloski

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Strategy & Informatics

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2015

Transaction ID : SA11AI.16164

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Matt Wandoloski

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Strategy & Informatics

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **575.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2015

Transaction ID : SA11AI.16287

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Matt Wandoloski

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - Strategy & Informatics

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2015

Transaction ID : SA11AI.16385

Amount of Each Receipt this Period
25.00

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: PAGE 191 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Alton Washington
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.15764
 Amount of Each Receipt this Period
 150.00

B. Alton Washington
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : SA11AI.15975
 Amount of Each Receipt this Period
 150.00

C. Greg Wells
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - HR & Employee Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2015
Transaction ID : SA11AI.15245
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00
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 192 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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.

A. Greg Wells
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - HR & Employee Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15340
 Amount of Each Receipt this Period
 25.00

B. Greg Wells
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - HR & Employee Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15436
 Amount of Each Receipt this Period
 25.00

C. Greg Wells
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation VP - HR & Employee Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11AI.15654
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Greg Wells

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - HR & Employee Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2015

Transaction ID : SA11AI.15554

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Greg Wells

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - HR & Employee Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2015

Transaction ID : SA11AI.15756

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Greg Wells

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - HR & Employee Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : SA11AI.15855

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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

**SCHEDULE A (FEC Form 3X)
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 13 14 15 16 17

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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. Greg Wells

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - HR & Employee Development

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2015
Transaction ID : SA11AI.15965

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Greg Wells

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - HR & Employee Development

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2015
Transaction ID : SA11AI.16070

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Greg Wells

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - HR & Employee Development

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16166

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

**SCHEDULE A (FEC Form 3X)
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 13 14 15 16 17

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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. Greg Wells

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - HR & Employee Development

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 12 / 06 / 2015
Transaction ID : SA11AI.16289

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Greg Wells

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz VP - HR & Employee Development

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 12 / 20 / 2015
Transaction ID : SA11AI.16387

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Rachel Winkler

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Healthcare Economics

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 07 / 19 / 2015
Transaction ID : SA11AI.15341

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00

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

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

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FOR LINE NUMBER: PAGE 196 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Rachel Winkler

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Healthcare Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 08 / 02 / 2015
Transaction ID : SA11AI.15437

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Rachel Winkler

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Healthcare Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 08 / 16 / 2015
Transaction ID : SA11AI.15655

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. Rachel Winkler

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Healthcare Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 08 / 30 / 2015
Transaction ID : SA11AI.15555

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 197 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Rachel Winkler

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Healthcare Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 13 / 2015
Transaction ID : SA11AI.15757

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Rachel Winkler

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Healthcare Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 09 / 27 / 2015
Transaction ID : SA11AI.15856

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. Rachel Winkler

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Healthcare Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 10 / 11 / 2015
Transaction ID : SA11AI.15966

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 198 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Rachel Winkler
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Healthcare Economics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.16071
 Amount of Each Receipt this Period 15.00

B. Rachel Winkler
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Healthcare Economics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 22 / 2015
Transaction ID : SA11AI.16167
 Amount of Each Receipt this Period 15.00

C. Rachel Winkler
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Healthcare Economics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 12 / 06 / 2015
Transaction ID : SA11AI.16290
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 199 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)
A. Rachel Winkler

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Healthcare Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16388

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Bill Zuelke

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Dental Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2015
Transaction ID : SA11AI.15342

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. Bill Zuelke

Mailing Address 2444 W. Las Palmaritas Dr

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross Blue Shield of Ariz Dir - Dental Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : SA11AI.15438

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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

**SCHEDULE A (FEC Form 3X)
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Bill Zuelke
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Dental Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 08 / 16 / 2015
Transaction ID : SA11AI.15656
 Amount of Each Receipt this Period
 15.00

B. Bill Zuelke
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Dental Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 08 / 30 / 2015
Transaction ID : SA11AI.15556
 Amount of Each Receipt this Period
 15.00

C. Bill Zuelke
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Dental Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 13 / 2015
Transaction ID : SA11AI.15758
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 201 OF 209
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 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 Blue Cross & Blue Shield of Arizona, Inc.

A. Bill Zuelke
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Dental Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 27 / 2015
Transaction ID : SA11AI.15857
 Amount of Each Receipt this Period 15.00

B. Bill Zuelke
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Dental Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2015
Transaction ID : SA11AI.15967
 Amount of Each Receipt this Period 15.00

C. Bill Zuelke
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Dental Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 08 / 2015
Transaction ID : SA11AI.16072
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 202 OF 209
(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 Blue Cross & Blue Shield of Arizona, Inc.

A. Bill Zuelke
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Dental Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : SA11AI.16168
 Amount of Each Receipt this Period
 15.00

B. Bill Zuelke
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Dental Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.16291
 Amount of Each Receipt this Period
 15.00

C. Bill Zuelke
 Full Name (Last, First, Middle Initial)
 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 Blue Cross Blue Shield of Ariz Occupation Dir - Dental Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.16389
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	15146.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution to federal PAC

011

Candidate Name
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : SB23.16569

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Greater Phoenix Chamber of Commerce PAC

Mailing Address 201 N. Central Avenue, 27th Floor

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement
Contribution to PAC

011

Candidate Name
Greater Phoenix Chamber of Commerce PAC

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : SB23.15441

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeff Flake for U.S. Senate, Inc.

Mailing Address P.O. Box 12512

City Tempe State AZ Zip Code 85284

Purpose of Disbursement
Contribution to a federal election campaign

011

Candidate Name
Jeff Flake

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AZ District:

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2015

Transaction ID : SB23.16541

Amount of Each Disbursement this Period

1500.00

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement
contribution to a federal election campaign

011

Candidate Name

KYRSTEN SINEMA FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB23.15861

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MCSALLY FOR CONGRESS

Mailing Address PO BOX 19128

City TUCSON State AZ Zip Code 85731

Purpose of Disbursement
contribution to a federal election campaign

011

Candidate Name

MCSALLY FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB23.15863

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SALMON FOR CONGRESS

Mailing Address PO BOX 1290

City MESA State AZ Zip Code 85211

Purpose of Disbursement
contribution to a federal election campaign

011

Candidate Name

SALMON FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB23.16483

Amount of Each Disbursement this Period

500.00

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

3500.00

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

9000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Arizona Leadership Fund

Mailing Address 6635 W Happy Valley Road
Suite A104 #198

City Glendale State AZ Zip Code 85310

Purpose of Disbursement
Contribution to a non federal election PAC

011

Candidate Name

Arizona Leadership Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB29.16189

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Biggs2016

Mailing Address 10612 S. Green Field Road

City Gilbert Road State AZ Zip Code 85234

Purpose of Disbursement
Contribution to a non federal election campaign

011

Candidate Name

Andy Biggs

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: AZ District: 12

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2015

Transaction ID : SB29.16588

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dial 2016

Mailing Address 2936 W. Gregg Drive

City Chandler State AZ Zip Code 85224

Purpose of Disbursement
Contribution to a non federal election campaign

011

Candidate Name

Jeff Dial

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: AZ District: 18

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SB29.16567

Amount of Each Disbursement this Period

300.00

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

1700.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Elect Hobbs 2016

Mailing Address 837 E. Windsor Avenue

City Phoenix State AZ Zip Code 85006

Purpose of Disbursement
Contribution to a non federal election campaign

011

Candidate Name

Katie Hobbs

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : SB29.16570

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. Elect Justin Olson

Mailing Address 525 N. 38th Street

City Mesa State AZ Zip Code 85205

Purpose of Disbursement
contribution to a non federal election campaign

011

Candidate Name

Justin Olson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: AZ District: 19

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Transaction ID : SB29.16392

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. Elect Karen Fann

Mailing Address 5691 Hole-In-One Drive

City Prescott State AZ Zip Code 86301

Purpose of Disbursement
contribution to a non federal election campaign

011

Candidate Name

Karen Fann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : SB29.16190

Amount of Each Disbursement this Period

1000.00

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

1800.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kate Brophy McGee AZ

Mailing Address 42 E. Butler Drive

City Phoenix State AZ Zip Code 85020

Purpose of Disbursement
Contribution to a non Federal election campaign

Candidate Name

Office Sought: House Senate President
State: AZ District: 28

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB29.15868

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Meza for Senate 2016

Mailing Address 1833 W. Lewis Avenue

City Phoenix State AZ Zip Code 85007

Purpose of Disbursement
Contribution to a non federal election campaign

Candidate Name

Robert Meza

Office Sought: House Senate President
State: AZ District: 30

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2015

Transaction ID : SB29.16585

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. Re-Elect Michelle Ugenti-Rita

Mailing Address 15029 N. Thompson Peak Parkway
Ste B-111 #472

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
Contribution to a non federal election campaign

Candidate Name

Michelle Ugenti

Office Sought: House Senate President
State: AZ District: 08

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2015

Transaction ID : SB29.16578

Amount of Each Disbursement this Period

300.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robson 2016

Mailing Address 2713 W. Oakgrove Lane

City Chandler State AZ Zip Code 85224

Purpose of Disbursement
Contribution to a non federal campaign

011

Candidate Name

Bob Robson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: AZ District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SB29.15871

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Robson 2016

Mailing Address 2713 W. Oakgrove Lane

City Chandler State AZ Zip Code 85224

Purpose of Disbursement
contribution to a non federal election campaign

011

Candidate Name

Bob Robson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: AZ District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	02	/	2015

Transaction ID : SB29.16194

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. VOTE Heather Carter

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

City Cave Creek State AZ Zip Code 85331

Purpose of Disbursement
Contribution to a non federal campaign

011

Candidate Name

Heather Carter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: AZ District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SB29.15872

Amount of Each Disbursement this Period

300.00

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

800.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Vote Montenegro

Mailing Address P.O. Box 2275

City Litchfield Park State AZ Zip Code 85340

Purpose of Disbursement
Contribution to a non federal election campaign

011

Category/
Type

Candidate Name

Steve Montenegro

Office 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
12 / 16 / 2015

Transaction ID : SB29.16571

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office 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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office 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

Amount of Each Disbursement this Period

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

200.00

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

5500.00