

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

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

ADDRESS (number and street)

P.O. Box 13466



Check if different than previously reported. (ACC)

Phoenix

AZ

85002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00215202

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

C

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

C

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Abraham, Karen, , Mrs.,

Type or Print Name of Treasurer

Signature of Treasurer

Abraham, Karen, , Mrs.,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		<span style="border: 1px solid black; padding: 2px;">23237.95</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">25249.95</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">9344.00</span>	<span style="border: 1px solid black; padding: 2px;">28306.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">34593.95</span>	<span style="border: 1px solid black; padding: 2px;">51543.95</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">5000.00</span>	<span style="border: 1px solid black; padding: 2px;">21950.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">29593.95</span>	<span style="border: 1px solid black; padding: 2px;">29593.95</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	7		

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6901.00

12577.00

(ii) Unitemized .....

2443.00

15729.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

9344.00

28306.00

(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) .....

9344.00

28306.00

## 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)) .....

9344.00

28306.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

9344.00

28306.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	13500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	500.00	8450.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	21950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	21950.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9344.00	28306.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9344.00	28306.00
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 90  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Abraham, Karen, , Mrs.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. VP, CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2017

Transaction ID : SA11AI.20428

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Abraham, Karen, , Mrs.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. VP, CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20534

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Abraham, Karen, , Mrs.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. VP, CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20635

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

105.00

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

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

FOR LINE NUMBER: PAGE 7 OF 90

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

**A. Abraham, Karen, , Mrs.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. VP, CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20735

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Abraham, Karen, , Mrs.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. VP, CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20834

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Abraham, Karen, , Mrs.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Sr. VP, CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

630.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20931

Amount of Each Receipt this Period

35.00

☐ Memo Item

contribution to a non federal election campaign

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

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

105.00

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

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

FOR LINE NUMBER: PAGE 8 OF 90  
(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.

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  <b>A. Allen, Janet, , ,</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  07 / 02 / 2017  <b>Transaction ID : SA11AI.20432</b></p>	
<p>Mailing Address 2444 W. Las Palmaritras</p>			<p>Amount of Each Receipt this Period  42.00</p>	
<p>City Phoenix</p>	<p>State AZ</p>	<p>Zip Code 85021</p>	<p><input type="checkbox"/> Memo Item  Contribution to a non federal election campaign</p>	
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  546.00</p>	
<p>Name of Employer (for Individual) Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual) Compensation/HR Projects Manager</p>	
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>				
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  <b>B. Allen, Janet, , ,</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  07 / 16 / 2017  <b>Transaction ID : SA11AI.20538</b></p>	
<p>Mailing Address 2444 W. Las Palmaritras</p>			<p>Amount of Each Receipt this Period  42.00</p>	
<p>City Phoenix</p>	<p>State AZ</p>	<p>Zip Code 85021</p>	<p><input type="checkbox"/> Memo Item  Contribution to a non federal election campaign</p>	
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  588.00</p>	
<p>Name of Employer (for Individual) Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual) Compensation/HR Projects Manager</p>	
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>				
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  <b>C. Allen, Janet, , ,</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  07 / 30 / 2017  <b>Transaction ID : SA11AI.20639</b></p>	
<p>Mailing Address 2444 W. Las Palmaritras</p>			<p>Amount of Each Receipt this Period  42.00</p>	
<p>City Phoenix</p>	<p>State AZ</p>	<p>Zip Code 85021</p>	<p><input type="checkbox"/> Memo Item  Contribution to a non federal election campaign</p>	
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  630.00</p>	
<p>Name of Employer (for Individual) Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual) Compensation/HR Projects Manager</p>	
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>				
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....</p>			<p>126.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only).....</p>				



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

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

FOR LINE NUMBER: PAGE 9 OF 90

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

**A. Allen, Janet, , ,**

Mailing Address 2444 W. Las Palmaritras

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Compensation/HR Projects Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20739

Amount of Each Receipt this Period

42.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Allen, Janet, , ,**

Mailing Address 2444 W. Las Palmaritras

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Compensation/HR Projects Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20838

Amount of Each Receipt this Period

42.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Allen, Janet, , ,**

Mailing Address 2444 W. Las Palmaritras

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Compensation/HR Projects Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

756.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20935

Amount of Each Receipt this Period

42.00

☐ Memo Item

contribution to a non federal election campaign

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

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

126.00

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

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

FOR LINE NUMBER: PAGE 10 OF 90

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

A. Anderson, Garrett, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Chief Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2017

Transaction ID : SA11AI.20433

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Anderson, Garrett, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Chief Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20539

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Anderson, Garrett, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Chief Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20640

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 90

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

**A. Anderson, Garrett, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Chief Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20740

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Anderson, Garrett, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Chief Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20839

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Anderson, Garrett, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Chief Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20936

Amount of Each Receipt this Period

25.00

☐ Memo Item

contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 12 OF 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Araiza, Teresa, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Claims Regional Offices

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2017

Transaction ID : SA11AI.20434

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Araiza, Teresa, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Claims Regional Offices

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20540

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Araiza, Teresa, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Claims Regional Offices

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20641

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 13 OF 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Araiza, Teresa, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Claims Regional Offices

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20741

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Araiza, Teresa, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Claims Regional Offices

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20840

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Araiza, Teresa, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Dir - Claims Regional Offices

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20937

Amount of Each Receipt this Period

40.00

☐ Memo Item

contribution to a non federal election campaign

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 14 OF 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Arthur, William, , Mr.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P. - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
07 / 02 / 2017

Transaction ID : SA11AI.20435

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Arthur, William, , Mr.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P. - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2017

Transaction ID : SA11AI.20541

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Arthur, William, , Mr.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P. - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY  
07 / 30 / 2017

Transaction ID : SA11AI.20642

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 15 OF 90

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

**A. Arthur, William, , Mr.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P. - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20742

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Arthur, William, , Mr.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P. - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20841

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Arthur, William, , Mr.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P. - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20938

Amount of Each Receipt this Period

25.00

☐ Memo Item

contribution to a non federal election campaign

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

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

75.00



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

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

FOR LINE NUMBER: PAGE 16 OF 90

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

A. Arvin, Micheal, , ,

Mailing Address 2444 W. Las Palmaritas Dr.

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Manager Infrastructure Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2017

Transaction ID : SA11AI.20436

Amount of Each Receipt this Period

30.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Arvin, Micheal, , ,

Mailing Address 2444 W. Las Palmaritas Dr.

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Manager Infrastructure Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20542

Amount of Each Receipt this Period

30.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Arvin, Micheal, , ,

Mailing Address 2444 W. Las Palmaritas Dr.

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Manager Infrastructure Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20643

Amount of Each Receipt this Period

30.00

☐ Memo Item

Contribution to a non federal election campaign

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: PAGE 17 OF 90

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

**A. Arvin, Micheal, , ,**

Mailing Address 2444 W. Las Palmaritas Dr.

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Manager Infrastructure Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20743

Amount of Each Receipt this Period

30.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Arvin, Micheal, , ,**

Mailing Address 2444 W. Las Palmaritas Dr.

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Manager Infrastructure Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20842

Amount of Each Receipt this Period

30.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Arvin, Micheal, , ,**

Mailing Address 2444 W. Las Palmaritas Dr.

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Manager Infrastructure Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20939

Amount of Each Receipt this Period

30.00

☐ Memo Item

contribution to a non federal election campaign

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

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

90.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 90

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

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

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

07 / 02 / 2017

Transaction ID : SA11AI.20437

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Aspery, M.D., Daniel, , Mr.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20543

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20644

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

60.00

# **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 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

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

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2017

Transaction ID : SA11AI.20744

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Aspery, M.D., Daniel, , Mr.,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2017

Transaction ID : SA11AI.20843

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2017

Transaction ID : SA11AI.20940

Amount of Each Receipt this Period

20.00

☐ Memo Item

contribution to a non federal election campaign

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 20 OF 90

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

**A. Beranek, Kathi, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20545

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Beranek, Kathi, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20646

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Beranek, Kathi, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20746

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

45.00

# **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 90

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

**A. Beranek, Kathi, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20845

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Beranek, Kathi, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20942

Amount of Each Receipt this Period

15.00

☐ Memo Item

contribution to a non federal election campaign

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

**C. Brutlag, James, , Mr.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P.-Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

07 / 02 / 2017

Transaction ID : SA11AI.20445

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 22 OF 90

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

**A. Brutlag, James, , Mr.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P.-Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20551

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Brutlag, James, , Mr.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P.-Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20651

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Brutlag, James, , Mr.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P.-Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20751

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 23 OF 90

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

**A. Brutlag, James, , Mr.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P.-Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20850

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Brutlag, James, , Mr.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

V.P.-Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20947

Amount of Each Receipt this Period

40.00

☐ Memo Item

contribution to a non federal election campaign

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

**C. Buchta, Kate, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20552

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

95.00



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

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

FOR LINE NUMBER: PAGE 24 OF 90

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

**A. Buchta, Kate, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Director Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20652

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Buchta, Kate, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Director Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2017

Transaction ID : SA11AI.20752

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Buchta, Kate, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Director Health Services

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  
09 / 10 / 2017

Transaction ID : SA11AI.20851

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

45.00



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

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

FOR LINE NUMBER: PAGE 25 OF 90

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

**A. Buchta, Kate, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2017

Transaction ID : SA11AI.20948

Amount of Each Receipt this Period

15.00

☐ Memo Item  
contribution to a non federal election campaign

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

**B. Burnham, Rebecca, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 13 / 2017

Transaction ID : SA11AI.20527

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution to a non federal election campaign

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

**C. Chandler, Helen, , Mrs.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP Chief Servc Officer/Custmr Srvc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2017

Transaction ID : SA11AI.20449

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Contribution to a non federal election campaign

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

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

290.00

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

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

FOR LINE NUMBER: PAGE 26 OF 90

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

**A. Chandler, Helen, , Mrs.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP Chief Servc Officer/Custmr Srvc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20555

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Chandler, Helen, , Mrs.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP Chief Servc Officer/Custmr Srvc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20655

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**c. Chandler, Helen, , Mrs.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP Chief Servc Officer/Custmr Srvc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2017

Transaction ID : SA11AI.20755

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 27 OF 90

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

**A. Chandler, Helen, , Mrs.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP Chief Servc Officer/Custmr Srvc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20854

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Chandler, Helen, , Mrs.,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP Chief Servc Officer/Custmr Srvc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20951

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Coor, Lattie, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 13 / 2017

Transaction ID : SA11AI.20528

Amount of Each Receipt this Period

150.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

200.00

# **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 90

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

**A. DiChiara, Jennifer, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director PCMH Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20560

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. DiChiara, Jennifer, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director PCMH Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20660

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. DiChiara, Jennifer, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director PCMH Operation

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 / 13 / 2017

Transaction ID : SA11AI.20760

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

45.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 29 OF 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. DiChiara, Jennifer, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director PCMH Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20859

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. DiChiara, Jennifer, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director PCMH Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20957

Amount of Each Receipt this Period

15.00

☐ Memo Item

contribution to a non federal election campaign

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

**C. Dozer, Richard, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 13 / 2017

Transaction ID : SA11AI.20529

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

130.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. Fenstermacher, Edward, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross blue Shield of Ariz

Occupation (for Individual)

Dir - Senior Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20564

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Gades, Terri, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Claims Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2017

Transaction ID : SA11AI.20864

Amount of Each Receipt this Period

12.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Gades, Terri, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Claims Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2017

Transaction ID : SA11AI.20962

Amount of Each Receipt this Period

12.00

☐ Memo Item

contribution to a non federal election campaign

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

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

39.00

# **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 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Gibson, Sandy, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSAZ

Occupation (for Individual)

Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2017

Transaction ID : SA11AI.20462

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Gibson, Sandy, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSAZ

Occupation (for Individual)

Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20568

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Gibson, Sandy, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSAZ

Occupation (for Individual)

Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20667

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

105.00



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

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

FOR LINE NUMBER: PAGE 32 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gibson, Sandy, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSAZ

Occupation (for Individual)

Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20767

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Gibson, Sandy, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSAZ

Occupation (for Individual)

Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20866

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Gibson, Sandy, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BCBSAZ

Occupation (for Individual)

Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

630.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20964

Amount of Each Receipt this Period

35.00

☐ Memo Item

contribution to a non federal election campaign

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

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

105.00



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 33 OF 90  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

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

**A. Halvorson, Audrey, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Actuarial Services/Healthcare Econ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

07 / 02 / 2017

Transaction ID : SA11AI.20466

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Halvorson, Audrey, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Actuarial Services/Healthcare Econ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20573

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Halvorson, Audrey, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Actuarial Services/Healthcare Econ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20672

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 34 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Halvorson, Audrey, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Actuarial Services/Healthcare Econ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20772

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Halvorson, Audrey, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Actuarial Services/Healthcare Econ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20871

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Halvorson, Audrey, , ,**

Mailing Address 2444 W. Las Palmaritas Drive

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Actuarial Services/Healthcare Econ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20969

Amount of Each Receipt this Period

25.00

☐ Memo Item

contribution to a non federal election campaign

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

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

75.00

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

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

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(check only one)

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

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

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

**A. Jackson, Sheri, , ,**

Mailing Address 2444 W Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20578

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Jackson, Sheri, , ,**

Mailing Address 2444 W Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20677

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Jackson, Sheri, , ,**

Mailing Address 2444 W Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20777

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 36 OF 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Jackson, Sheri, , ,

Mailing Address 2444 W Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
VP - Health Services

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  
09 / 10 / 2017

Transaction ID : SA11AI.20876

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Jackson, Sheri, , ,

Mailing Address 2444 W Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
VP - Health Services

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 / 24 / 2017

Transaction ID : SA11AI.20974

Amount of Each Receipt this Period

15.00

☐ Memo Item

contribution to a non federal election campaign

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

C. Jhaveri, Vishu, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Sr. VP - CMO, Health Svcs, Ntwk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2017

Transaction ID : SA11AI.20472

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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 37 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jhaveri, Vishu, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - CMO, Health Svcs, Ntwk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20579

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Jhaveri, Vishu, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - CMO, Health Svcs, Ntwk Mgm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20678

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Jhaveri, Vishu, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - CMO, Health Svcs, Ntwk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20778

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 38 OF 90

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

A. Jhaveri, Vishu, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - CMO, Health Svcs, Ntwk Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2017

Transaction ID : SA11AI.20877

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Jhaveri, Vishu, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - CMO, Health Svcs, Ntwk Mgm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2017

Transaction ID : SA11AI.20975

Amount of Each Receipt this Period

25.00

☐ Memo Item

contribution to a non federal election campaign

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

C. Kaufman, Jennifer, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2017

Transaction ID : SA11AI.20473

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 39 OF 90  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kaufman, Jennifer, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
VP, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20580

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Kaufman, Jennifer, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
VP, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20679

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Kaufman, Jennifer, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
VP, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20779

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

60.00



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

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

FOR LINE NUMBER: PAGE 40 OF 90  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kaufman, Jennifer, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
VP, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20878

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Kaufman, Jennifer, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
VP, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20976

Amount of Each Receipt this Period

20.00

☐ Memo Item

contribution to a non federal election campaign

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

**C. Kimball, Molly, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
PHOENIX

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Dir - Strategy and Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20582

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

55.00



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

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

FOR LINE NUMBER: PAGE 41 OF 90  
(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.

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Kimball, Molly, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20681</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="15.00"/></p>		
<p>City</p> <p>PHOENIX</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="225.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>		<p>Occupation (for Individual)</p> <p>Dir - Strategy and Research</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Kimball, Molly, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20781</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="15.00"/></p>		
<p>City</p> <p>PHOENIX</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="240.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>		<p>Occupation (for Individual)</p> <p>Dir - Strategy and Research</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Kimball, Molly, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20880</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="15.00"/></p>		
<p>City</p> <p>PHOENIX</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="255.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>		<p>Occupation (for Individual)</p> <p>Dir - Strategy and Research</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>					
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....</p>			<p><input type="text" value="45.00"/></p>		
<p><b>TOTAL</b> This Period (last page this line number only).....</p>			<p><input type="text"/></p>		

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

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

FOR LINE NUMBER: PAGE 42 OF 90

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

**A. Kimball, Molly, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
PHOENIX

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Strategy and Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20978

Amount of Each Receipt this Period

15.00

☐ Memo Item  
contribution to a non federal election campaign

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

**B. Mack, Scott, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20584

Amount of Each Receipt this Period

15.00

☐ Memo Item  
Contribution to a non federal election campaign

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

**C. Mack, Scott, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20683

Amount of Each Receipt this Period

15.00

☐ Memo Item  
Contribution to a non federal election campaign

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 43 OF 90

(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.

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Mack, Scott, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20783</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="15.00"/></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item</p> <p>Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="240.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>Dir Actuarial Services</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Mack, Scott, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20882</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="15.00"/></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item</p> <p>Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="255.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>Dir Actuarial Services</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Mack, Scott, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20980</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="15.00"/></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item</p> <p>contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="270.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>Dir Actuarial Services</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>					
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p><input type="text" value="45.00"/></p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>			<p><input type="text"/></p>		

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

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

FOR LINE NUMBER: PAGE 44 OF 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Mandrola, Thomas, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Large Group Sales/Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20585

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Mandrola, Thomas, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Large Group Sales/Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20684

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Mandrola, Thomas, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Large Group Sales/Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20784

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 45 OF 90  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mandrola, Thomas, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Large Group Sales/Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20883

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Mandrola, Thomas, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Large Group Sales/Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20981

Amount of Each Receipt this Period

15.00

☐ Memo Item

contribution to a non federal election campaign

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

**C. Mattson, Kathryn, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Indiv/SG Sales & Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20588

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

45.00

# **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 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Mattson, Kathryn, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Indiv/SG Sales & Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20687

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Mattson, Kathryn, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Indiv/SG Sales & Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20787

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Mattson, Kathryn, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Indiv/SG Sales & Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20886

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 47 OF 90  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Mattson, Kathryn, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Indiv/SG Sales & Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2017

Transaction ID : SA11AI.20984

Amount of Each Receipt this Period

15.00

☐ Memo Item  
contribution to a non federal election campaign

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

**B. Mentz, Jody, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director, ICS Production Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2017

Transaction ID : SA11AI.20591

Amount of Each Receipt this Period

15.00

☐ Memo Item  
Contribution to a non federal election campaign

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

**C. Mentz, Jody, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director, ICS Production Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
07 / 30 / 2017

Transaction ID : SA11AI.20690

Amount of Each Receipt this Period

15.00

☐ Memo Item  
Contribution to a non federal election campaign

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

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

45.00



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

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

FOR LINE NUMBER: PAGE 48 OF 90  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Mentz, Jody, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director, ICS Production Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20790

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Mentz, Jody, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director, ICS Production Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20889

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Mentz, Jody, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director, ICS Production Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20987

Amount of Each Receipt this Period

15.00

☐ Memo Item

contribution to a non federal election campaign

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

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

45.00



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

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

FOR LINE NUMBER: PAGE 49 OF 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Messina, Elizabeth, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2017

Transaction ID : SA11AI.20485

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Messina, Elizabeth, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20592

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Messina, Elizabeth, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr VP CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20691

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

105.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 50 OF 90

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

**A. Messina, Elizabeth, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Sr VP CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20791

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Messina, Elizabeth, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Sr VP CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20890

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Messina, Elizabeth, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Sr VP CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

630.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20988

Amount of Each Receipt this Period

35.00

☐ Memo Item

contribution to a non federal election campaign

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

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

105.00

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

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

FOR LINE NUMBER: PAGE 51 OF 90

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

**A. Messner, Chris, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Prod Mgmt and Developement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20593

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Messner, Chris, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Prod Mgmt and Developement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20692

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Messner, Chris, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Prod Mgmt and Developement

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 / 13 / 2017

Transaction ID : SA11AI.20792

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 52 OF 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Messner, Chris, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Prod Mgmt and Developement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20891

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Messner, Chris, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Prod Mgmt and Developement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20989

Amount of Each Receipt this Period

15.00

☐ Memo Item

contribution to a non federal election campaign

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

**C. Meyer, Laura, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Special Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

07 / 02 / 2017

Transaction ID : SA11AI.20487

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

50.00

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

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

FOR LINE NUMBER: PAGE 53 OF 90  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Meyer, Laura, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20594</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="20.00"/></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="280.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>Special Counsel</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Meyer, Laura, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20693</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="20.00"/></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="300.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>Special Counsel</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Meyer, Laura, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20793</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="20.00"/></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="320.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>Special Counsel</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>					
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....</p>			<p><input type="text" value="60.00"/></p>		
<p><b>TOTAL</b> This Period (last page this line number only).....</p>			<p><input type="text"/></p>		

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

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

FOR LINE NUMBER:  
(check only one)

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

**A. Meyer, Laura, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Special Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY  
09 / 10 / 2017

Transaction ID : SA11AI.20892

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Meyer, Laura, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Special Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2017

Transaction ID : SA11AI.20990

Amount of Each Receipt this Period

20.00

☐ Memo Item

contribution to a non federal election campaign

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

**C. Montgomery, Cindy, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2017

Transaction ID : SA11AI.20595

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

55.00

# **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 90  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Montgomery, Cindy, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20694

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Montgomery, Cindy, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Informatics

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 / 13 / 2017

Transaction ID : SA11AI.20794

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Montgomery, Cindy, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Informatics

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  
09 / 10 / 2017

Transaction ID : SA11AI.20893

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

45.00



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

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

FOR LINE NUMBER: PAGE 56 OF 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Montgomery, Cindy, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Informatics

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 / 17 / 2017

Transaction ID : SA11AI.20991

Amount of Each Receipt this Period

15.00

☐ Memo Item  
contribution to a non federal election campaign

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

B. Montoya, Marcus, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Provider Network Mgnt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2017

Transaction ID : SA11AI.20490

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Contribution to a non federal election campaign

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

C. Montoya, Marcus, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Provider Network Mgnt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20597

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Contribution to a non federal election campaign

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

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

65.00



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

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

FOR LINE NUMBER: PAGE 57 OF 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Montoya, Marcus, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Provider Network Mgnt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20696

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Montoya, Marcus, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Provider Network Mgnt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2017

Transaction ID : SA11AI.20796

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Montoya, Marcus, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Provider Network Mgnt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2017

Transaction ID : SA11AI.20895

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 58 OF 90  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Montoya, Marcus, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
VP - Provider Network Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20993

Amount of Each Receipt this Period

25.00

☐ Memo Item  
contribution to a non federal election campaign

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

**B. Napoli, James, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Dir - Sr Med Dir, PProv/Care Trn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20599

Amount of Each Receipt this Period

15.00

☐ Memo Item  
Contribution to a non federal election campaign

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

**C. Napoli, James, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Dir - Sr Med Dir, PProv/Care Trn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20698

Amount of Each Receipt this Period

15.00

☐ Memo Item  
Contribution to a non federal election campaign

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

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

55.00

# **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 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Napoli, James, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Sr Med Dir, PProv/Care Trn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20798

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Napoli, James, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Sr Med Dir, PProv/Care Trn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20897

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Napoli, James, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Sr Med Dir, PProv/Care Trn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20995

Amount of Each Receipt this Period

15.00

☐ Memo Item

contribution to a non federal election campaign

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

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

45.00

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

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

FOR LINE NUMBER:  
(check only one)

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

**A. O'Reilly, Marty, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20601

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. O'Reilly, Marty, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20700

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. O'Reilly, Marty, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20800

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 61 OF 90  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. O'Reilly, Marty, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2017 <b>Transaction ID : SA11AI.20899</b>		
Mailing Address 2444 W. Las Palmaritas Dr			Amount of Each Receipt this Period 15.00		
City Phoenix	State AZ	Zip Code 85021	<input type="checkbox"/> Memo Item Contribution to a non federal election campaign		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 255.00		
Name of Employer (for Individual) Blue Cross Blue Shield of Ariz			Occupation (for Individual) Dir - Operational Excellence		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. O'Reilly, Marty, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2017 <b>Transaction ID : SA11AI.20997</b>		
Mailing Address 2444 W. Las Palmaritas Dr			Amount of Each Receipt this Period 15.00		
City Phoenix	State AZ	Zip Code 85021	<input type="checkbox"/> Memo Item contribution to a non federal election campaign		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 270.00		
Name of Employer (for Individual) Blue Cross Blue Shield of Ariz			Occupation (for Individual) Dir - Operational Excellence		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Papp, Harry, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2017 <b>Transaction ID : SA11AI.20530</b>		
Mailing Address 2444 W. Las Palmaritas Dr			Amount of Each Receipt this Period 300.00		
City Phoenix	State AZ	Zip Code 85021	<input type="checkbox"/> Memo Item Contribution to a non federal election campaign		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 900.00		
Name of Employer (for Individual) Blue Cross Blue Shield of Ariz			Occupation (for Individual) Board Member		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
<b>SUBTOTAL</b> of Receipts This Page (optional).....			330.00		
<b>TOTAL</b> This Period (last page this line number only).....					

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

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

FOR LINE NUMBER: PAGE 62 OF 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

A. Parsons, Andrea, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - PR &amp; Corp Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20603

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Parsons, Andrea, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - PR &amp; Corp Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20702

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Parsons, Andrea, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - PR &amp; Corp Communications

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 / 13 / 2017

Transaction ID : SA11AI.20802

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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 63 OF 90

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

**A. Parsons, Andrea, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - PR & Corp Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20901

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Parsons, Andrea, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - PR & Corp Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.20999

Amount of Each Receipt this Period

15.00

☐ Memo Item

contribution to a non federal election campaign

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

**C. Roth, Tracy, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr Mgr - Technical Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

07 / 02 / 2017

Transaction ID : SA11AI.20500

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

50.00



# **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 90  
(check only one)

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

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  <b>A. Roth, Tracy, , ,</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  07 / 16 / 2017  <b>Transaction ID : SA11AI.20607</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period  20.00</p>		
<p>City Phoenix</p>	<p>State AZ</p>	<p>Zip Code 85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 280.00</p>		
<p>Name of Employer (for Individual) Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual) Sr Mgr - Technical Information</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼ 280.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  <b>B. Roth, Tracy, , ,</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  07 / 30 / 2017  <b>Transaction ID : SA11AI.20706</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period  20.00</p>		
<p>City Phoenix</p>	<p>State AZ</p>	<p>Zip Code 85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 300.00</p>		
<p>Name of Employer (for Individual) Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual) Sr Mgr - Technical Information</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼ 300.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  <b>C. Roth, Tracy, , ,</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  08 / 13 / 2017  <b>Transaction ID : SA11AI.20806</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period  20.00</p>		
<p>City Phoenix</p>	<p>State AZ</p>	<p>Zip Code 85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 320.00</p>		
<p>Name of Employer (for Individual) Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual) Sr Mgr - Technical Information</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>			<p>Aggregate Year-to-Date ▼ 320.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>60.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>					



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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roth, Tracy, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr Mgr - Technical Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20905

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Roth, Tracy, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr Mgr - Technical Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.21003

Amount of Each Receipt this Period

20.00

☐ Memo Item

contribution to a non federal election campaign

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

**C. Salazar, Deanna, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

07 / 02 / 2017

Transaction ID : SA11AI.20501

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

80.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 66 OF 90

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

**A. Salazar, Deanna, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20608

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Salazar, Deanna, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20707

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Salazar, Deanna, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20807

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

120.00

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

Use separate schedule(s)  
for each category of the  
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Salazar, Deanna, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20906

Amount of Each Receipt this Period

40.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Salazar, Deanna, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Sr. VP - General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.21004

Amount of Each Receipt this Period

40.00

☐ Memo Item

contribution to a non federal election campaign

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

**C. Semma, Mary, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
VP - Corporate Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

07 / 02 / 2017

Transaction ID : SA11AI.20502

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

105.00

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

Use separate schedule(s)  
for each category of the  
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Semma, Mary, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Corporate Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2017

Transaction ID : SA11AI.20609

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Semma, Mary, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Corporate Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY  
07 / 30 / 2017

Transaction ID : SA11AI.20708

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Semma, Mary, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Corporate Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
08 / 13 / 2017

Transaction ID : SA11AI.20808

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER:  
(check only one)

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

**A. Semma, Mary, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Corporate Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

MM / DD / YYYY  
09 / 10 / 2017

Transaction ID : SA11AI.20907

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Semma, Mary, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Corporate Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2017

Transaction ID : SA11AI.21005

Amount of Each Receipt this Period

25.00

☐ Memo Item

contribution to a non federal election campaign

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

**C. Sowell, Scott, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
07 / 02 / 2017

Transaction ID : SA11AI.20507

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

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(check only one)

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

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

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

**A. Sowell, Scott, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20614

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Sowell, Scott, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20715

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Sowell, Scott, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20813

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER:  
(check only one)

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

**A. Sowell, Scott, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20912

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Sowell, Scott, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.21010

Amount of Each Receipt this Period

25.00

☐ Memo Item

contribution to a non federal election campaign

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

**C. Stelnik, Jeff, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - Strategy/Sales/Mrktng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

07 / 02 / 2017

Transaction ID : SA11AI.20510

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

85.00



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

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

FOR LINE NUMBER:  
(check only one)

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

**A. Stelnik, Jeff, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - Strategy/Sales/Mrktng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20617

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Stelnik, Jeff, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - Strategy/Sales/Mrktng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20718

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Stelnik, Jeff, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - Strategy/Sales/Mrktng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

560.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20816

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

105.00



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

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

FOR LINE NUMBER: PAGE 73 OF 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

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

**A. Stelnik, Jeff, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - Strategy/Sales/Mrktng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20915

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Stelnik, Jeff, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Sr. VP - Strategy/Sales/Mrktng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.21013

Amount of Each Receipt this Period

35.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Stone, Deidra, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director, Claims Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

07 / 02 / 2017

Transaction ID : SA11AI.20511

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 74 OF 90  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stone, Deidra, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director, Claims Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20618

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Stone, Deidra, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director, Claims Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20719

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Stone, Deidra, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director, Claims Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20817

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

60.00

# **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.

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Stone, Deidra, , ,</b></p>			<p>Date of Receipt</p> <p>MM / DD / YYYY  09 / 10 / 2017</p> <p><b>Transaction ID : SA11AI.20916</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p>20.00</p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item  Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>340.00</p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>Director, Claims Services</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Stone, Deidra, , ,</b></p>			<p>Date of Receipt</p> <p>MM / DD / YYYY  09 / 24 / 2017</p> <p><b>Transaction ID : SA11AI.21014</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p>20.00</p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item  contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>360.00</p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>Director, Claims Services</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Stuckey, Kim, , ,</b></p>			<p>Date of Receipt</p> <p>MM / DD / YYYY  07 / 16 / 2017</p> <p><b>Transaction ID : SA11AI.20619</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p>15.00</p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item  Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>210.00</p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>Director Production Support Services</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>					
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>55.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>					

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

Use separate schedule(s)  
for each category of the  
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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stuckey, Kim, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director Production Support Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20720

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

B. Stuckey, Kim, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director Production Support Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2017

Transaction ID : SA11AI.20818

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

C. Stuckey, Kim, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director Production Support Services

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  
09 / 10 / 2017

Transaction ID : SA11AI.20917

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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 77 OF 90

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

A. Stuckey, Kim, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Director Production Support Services

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 / 24 / 2017

Transaction ID : SA11AI.21015

Amount of Each Receipt this Period

15.00

☐ Memo Item  
contribution to a non federal election campaign

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

B. Tilton, Michael, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2017

Transaction ID : SA11AI.20515

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Contribution to a non federal election campaign

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

C. Tilton, Michael, , ,

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20622

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Contribution to a non federal election campaign

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

65.00

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 78 OF 90

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Tilton, Michael, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20723</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="25.00"/></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="375.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>VP - Sales</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Tilton, Michael, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20821</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="25.00"/></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="400.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>VP - Sales</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Tilton, Michael, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20920</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="25.00"/></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="425.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>			<p>Occupation (for Individual)</p> <p>VP - Sales</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>					
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....</p>			<p><input type="text" value="75.00"/></p>		
<p><b>TOTAL</b> This Period (last page this line number only).....</p>			<p><input type="text"/></p>		

# **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)

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Tilton, Michael, , ,</b></p>			<p>Date of Receipt</p> <p><b>09 / 24 / 2017</b></p> <p><b>Transaction ID : SA11AI.21018</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><b>25.00</b></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><b>C</b></p>					
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>		<p>Occupation (for Individual)</p> <p>VP - Sales</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p><b>450.00</b></p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Trujillo, Gary, , ,</b></p>			<p>Date of Receipt</p> <p><b>07 / 13 / 2017</b></p> <p><b>Transaction ID : SA11AI.20531</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><b>250.00</b></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><b>C</b></p>					
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>		<p>Occupation (for Individual)</p> <p>Board Member</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p><b>750.00</b></p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Tucker, Su, , ,</b></p>			<p>Date of Receipt</p> <p><b>07 / 02 / 2017</b></p> <p><b>Transaction ID : SA11AI.20518</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><b>20.00</b></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><b>C</b></p>					
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of Ariz</p>		<p>Occupation (for Individual)</p> <p>Director - Prov Network Rel &amp; Contr</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Aggregate Year-to-Date ▼</p> <p><b>260.00</b></p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p><b>295.00</b></p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>					



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

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

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(check only one)

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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.

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Tucker, Su, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20625</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="20.00"/></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="280.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Sheild of Ariz</p>			<p>Occupation (for Individual)</p> <p>Director - Prov Network Rel &amp; Contr</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Tucker, Su, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20726</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="20.00"/></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="300.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Sheild of Ariz</p>			<p>Occupation (for Individual)</p> <p>Director - Prov Network Rel &amp; Contr</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Tucker, Su, , ,</b></p>			<p>Date of Receipt</p> <p><input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2017"/></p> <p><b>Transaction ID : SA11AI.20824</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="20.00"/></p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="320.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Sheild of Ariz</p>			<p>Occupation (for Individual)</p> <p>Director - Prov Network Rel &amp; Contr</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>					
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....</p>			<p><input type="text" value="60.00"/></p>		
<p><b>TOTAL</b> This Period (last page this line number only).....</p>			<p><input type="text"/></p>		



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

Use separate schedule(s)  
for each category of the  
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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.

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Tucker, Su, , ,</b></p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 09 / 10 / 2017</p> <p><b>Transaction ID : SA11AI.20923</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p>20.00</p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>340.00</p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Sheild of Ariz</p>			<p>Occupation (for Individual)</p> <p>Director - Prov Network Rel &amp; Contr</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Tucker, Su, , ,</b></p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 09 / 24 / 2017</p> <p><b>Transaction ID : SA11AI.21021</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p>20.00</p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>360.00</p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Sheild of Ariz</p>			<p>Occupation (for Individual)</p> <p>Director - Prov Network Rel &amp; Contr</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. VonBerge, Sherri Lynn, , ,</b></p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 07 / 30 / 2017</p> <p><b>Transaction ID : SA11AI.20728</b></p>		
<p>Mailing Address 2444 W. Las Palmaritas Dr</p>			<p>Amount of Each Receipt this Period</p> <p>25.00</p>		
<p>City</p> <p>Phoenix</p>	<p>State</p> <p>AZ</p>	<p>Zip Code</p> <p>85021</p>	<p><input type="checkbox"/> Memo Item Contribution to a non federal election campaign</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>225.00</p>		
<p>Name of Employer (for Individual)</p> <p>Blue Cross Blue Shield of AZ</p>			<p>Occupation (for Individual)</p> <p>Director Client Implementation</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>					
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....</p>			<p>65.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....</p>					

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

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

**A. VonBerge, Sherri Lynn, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Director Client Implementation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
08 / 13 / 2017

Transaction ID : SA11AI.20826

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. VonBerge, Sherri Lynn, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Director Client Implementation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
09 / 10 / 2017

Transaction ID : SA11AI.20925

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. VonBerge, Sherri Lynn, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of AZ

Occupation (for Individual)

Director Client Implementation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2017

Transaction ID : SA11AI.21023

Amount of Each Receipt this Period

25.00

☐ Memo Item

contribution to a non federal election campaign

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

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

75.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

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

**A. Wandoloski, Matt, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
VP - Strategy & Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2017

Transaction ID : SA11AI.20523

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Wandoloski, Matt, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
VP - Strategy & Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20629

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Wandoloski, Matt, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
VP - Strategy & Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2017

Transaction ID : SA11AI.20731

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 84 OF 90

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

**A. Wandoloski, Matt, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Strategy & Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20829

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Wandoloski, Matt, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Strategy & Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20927

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Wandoloski, Matt, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - Strategy & Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.21025

Amount of Each Receipt this Period

25.00

☐ Memo Item

contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 85 OF 90

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

**A. Washington, Alton, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 13 / 2017

Transaction ID : SA11AI.20532

Amount of Each Receipt this Period

150.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Wells, Greg, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - HR & Employee Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2017

Transaction ID : SA11AI.20525

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Wells, Greg, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - HR & Employee Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2017

Transaction ID : SA11AI.20631

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

200.00

# **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 90

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

**A. Wells, Greg, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - HR & Employee Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20733

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Wells, Greg, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - HR & Employee Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20831

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Wells, Greg, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - HR & Employee Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20929

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution to a non federal election campaign

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

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

75.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 87 OF 90

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

**A. Wells, Greg, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

VP - HR & Employee Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.21027

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 contribution to a non federal election campaign

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

**B. Winkler, Rachel, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Healthcare Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 16 / 2017

Transaction ID : SA11AI.20632

Amount of Each Receipt this Period

15.00

☐ Memo Item  
 Contribution to a non federal election campaign

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

**C. Winkler, Rachel, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Healthcare Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 30 / 2017

Transaction ID : SA11AI.20734

Amount of Each Receipt this Period

15.00

☐ Memo Item  
 Contribution to a non federal election campaign

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

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

55.00



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

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

FOR LINE NUMBER: PAGE 88 OF 90

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

**A. Winkler, Rachel, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Healthcare Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 13 / 2017

Transaction ID : SA11AI.20832

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**B. Winkler, Rachel, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Healthcare Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 10 / 2017

Transaction ID : SA11AI.20930

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution to a non federal election campaign

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

**C. Winkler, Rachel, , ,**

Mailing Address 2444 W. Las Palmaritas Dr

City  
Phoenix

State  
AZ

Zip Code  
85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross Blue Shield of Ariz

Occupation (for Individual)

Dir - Healthcare Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 24 / 2017

Transaction ID : SA11AI.21028

Amount of Each Receipt this Period

15.00

☐ Memo Item

contribution to a non federal election campaign

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

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

45.00

6901.00



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

PAGE 89 OF 90

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BluePac**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2017

Mailing Address 1310 G Street, N.W.

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
contribution

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:

FEC Identification Number

C C00194746

Transaction ID : SB23.21039

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KYRSTEN SINEMA FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2017

Mailing Address PO BOX 25879

City  
TEMPEState  
AZZip Code  
85285Purpose of Disbursement  
contribution

Candidate Name

KYRSTEN SINEMA FOR CONGRESS

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ

District: 09

FEC Identification Number

C C00508804

Transaction ID : SB23.21038

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

4500.00

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

4500.00

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

PAGE 90 OF 90

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Re-Elect Debbie Lesko**

Mailing Address P.O. Box 5292

City  
PeoriaState  
AZZip Code  
85385Purpose of Disbursement  
contribution

Candidate Name

Re-Elect Debbie Lesko

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

FEC Identification Number

C

Transaction ID : SB29.21041

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

500.00

500.00