

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="3748.95"/> | <input type="text" value="3748.95"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="6926.45"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="3993.00"/> | <input type="text" value="34270.50"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="10919.45"/> | <input type="text" value="38019.45"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="0.00"/> | <input type="text" value="27100.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="10919.45"/> | <input type="text" value="10919.45"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

| 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)..... | 3674.00 | 21613.00 |
| (ii) Unitemized | 319.00 | 12657.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 3993.00 | 34270.50 |
| (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) | 3993.00 | 34270.50 |
| 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))..... ▶ | 3993.00 | 34270.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 3993.00 | 34270.50 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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..... | 0.00 | 27100.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 0.00 | 27100.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 27100.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 3993.00 | 34270.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3993.00 | 34270.50 |
| 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 28 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Mrs. Karen Abraham
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross & Blue Shield of AZ Occupation Sr. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 11 / 13 / 2014
Transaction ID : SA11AI.13237
 Amount of Each Receipt this Period 70.00

B. Garrett Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 13466
 City Phoenix State AS Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ, Inc. Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 13 / 2014
Transaction ID : SA11AI.13240
 Amount of Each Receipt this Period 50.00

C. Teresa Araiza
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 13466
 City Phoenix State AZ Zip Code 85002-3466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of AZ Occupation Manager, Claims Customer Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 13 / 2014
Transaction ID : SA11AI.13241
 Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 28 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mr. William Arthur
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W. Las Palmaritas
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13242
 Amount of Each Receipt this Period
 50.00

B. Mr. Daniel Aspery, M.D. M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W. Las Palmaritas
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13244
 Amount of Each Receipt this Period
 40.00

C. Ms Kathryn Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross & Blue Shield of AZ Occupation VP & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13247
 Amount of Each Receipt this Period
 70.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 160.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 8 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Cindy M Bell
 Mailing Address P.O. Box 13466
 City State Zip Code
 Phoenix AZ 85002-3466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Cross Blue Shield of AZ Director, E-Solutions
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13249
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Mr. Richard Boals
 Mailing Address 2444 W. Las Palmaritas Drive
 City State Zip Code
 Phoenix AZ 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Cross & Blue Shield of Arizona President & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13254
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Michele E. Boggs
 Mailing Address P.O. Box 13466
 City State Zip Code
 Phoenix AZ 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBSAZ Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13255
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 9 OF 28 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 2444 W. Las Palmaritas Drive

| | | |
|-----------------|-------------|-------------------|
| City Phoenix | State AZ | Zip Code 85021 |
|-----------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer Blue Cross & Blue Shield of Arizona | Occupation V.P.-Underwriting & Actuarial Services |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 13 | | 2014 |

Transaction ID : SA11AI.13256

Amount of Each Receipt this Period
80.00

B. Rebecca Burnham
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 13466

| | | |
|-----------------|-------------|-------------------|
| City Phoenix | State AZ | Zip Code 85021 |
|-----------------|-------------|-------------------|

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

| | |
|----------------------------|----------------------------|
| Name of Employer BCBSAZ | Occupation Board Member |
|----------------------------|----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 13 | | 2014 |

Transaction ID : SA11AI.13258

Amount of Each Receipt this Period
250.00

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

Mailing Address P. O. Box 13466

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

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

| | |
|----------------------------|-------------------------|
| Name of Employer BCBSAZ | Occupation Actuarial |
|----------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 13 | | 2014 |

Transaction ID : SA11AI.13257

Amount of Each Receipt this Period
50.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 380.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 10 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Julie Carr
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 13 / 2014
Transaction ID : SA11AI.13259
 Amount of Each Receipt this Period 200.00

B. Laura Causer
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 13 / 2014
Transaction ID : SA11AI.13260
 Amount of Each Receipt this Period 30.00

C. Mrs. Helen Chandler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross & Blue Shield of Arizona Occupation Sr. V.P.-Claims & Federal Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 13 / 2014
Transaction ID : SA11AI.13262
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 28 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) A. JoAnn Cipiti | | | Date of Receipt |
| Mailing Address P.O. Box 13466 | | | <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/> |
| City Phoenix | State AZ | Zip Code 85002 | Transaction ID : SA11AI.13264 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="100.00"/> |
| Name of Employer BCBSAZ | Occupation Government Strategic Executive | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1050.00"/> | | |

| | | | |
|---|---|-------------------|---|
| Full Name (Last, First, Middle Initial) B. Lattie Coor | | | Date of Receipt |
| Mailing Address P.O. Box 13466 | | | <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/> |
| City Phoenix | State AZ | Zip Code 85021 | Transaction ID : SA11AI.13265 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="150.00"/> |
| Name of Employer BCBSAZ | Occupation Board Member | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="600.00"/> | | |

| | | | |
|---|---|-------------------|---|
| Full Name (Last, First, Middle Initial) C. Kelley Davis | | | Date of Receipt |
| Mailing Address P. O. Box 13466 | | | <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/> |
| City Phoenix | State AZ | Zip Code 85002 | Transaction ID : SA11AI.13267 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="20.00"/> |
| Name of Employer BCBSAZ | Occupation Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="210.00"/> | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="270.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 28
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

A. Kathy Dierks
Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 13466
City Phoenix State AZ Zip Code 85002
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSAZ Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 13 / 2014
Transaction ID : SA11AI.13268
Amount of Each Receipt this Period
30.00

B. Richard Dozer
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 13466
City Phoenix State AZ Zip Code 85021
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSAZ Occupation Board Member
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 13 / 2014
Transaction ID : SA11AI.13269
Amount of Each Receipt this Period
100.00

C. Edward Fenstermacher
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 13466
City Phoenix State AZ Zip Code 85002
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSAZ, Inc. Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 13 / 2014
Transaction ID : SA11AI.13272
Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶ 160.00
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 28 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

Full Name (Last, First, Middle Initial)
A. Wendy Fuller

Mailing Address P. O. Box 13466

City Phoenix State AZ Zip Code 85002

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

Name of Employer BCBSAZ Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 13 / 2014

Transaction ID : SA11AI.13273

Amount of Each Receipt this Period
20.00

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

Mailing Address P. O. Box 13466

City Phoenix State AZ Zip Code 85002

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

Name of Employer BCBSAZ Occupation director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 13 / 2014

Transaction ID : SA11AI.13274

Amount of Each Receipt this Period
24.00

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

Mailing Address P. O. Box 13466

City Phoenix State AZ Zip Code 85002

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

Name of Employer BCBSAZ Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **735.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 13 / 2014

Transaction ID : SA11AI.13276

Amount of Each Receipt this Period
70.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 114.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 28 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. Mr. Christopher Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W. Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13281
 Amount of Each Receipt this Period
 20.00

B. Cathy Huskey
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 West Las Palmaritas Drive
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13283
 Amount of Each Receipt this Period
 20.00

C. Sheri Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W Las Palmaritas
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation vice president
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13284
 Amount of Each Receipt this Period
 30.00

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 28 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. Vishu Jhaveri
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Sr. Vice President
 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
 11 / 13 / 2014
Transaction ID : SA11AI.13285
 Amount of Each Receipt this Period
 50.00

B. Kim. Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of AZ Occupation Director, Pharmacy Benefits Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13287
 Amount of Each Receipt this Period
 30.00

C. Molly Kimball
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. BOX 13466
 City PHOENIX State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13289
 Amount of Each Receipt this Period
 30.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Lori Lambrecht
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 13 / 2014
Transaction ID : SA11AI.13291
 Amount of Each Receipt this Period 200.00

B. Scott Mack
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 13 / 2014
Transaction ID : SA11AI.13292
 Amount of Each Receipt this Period 30.00

C. Thomas Mandrola
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ, Inc. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 13 / 2014
Transaction ID : SA11AI.13293
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | | | |
|---|--|---|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 28 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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

A. Andrew Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 13 / 2014
Transaction ID : SA11AI.13299
 Amount of Each Receipt this Period 20.00

B. Kathryn Mattson
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 13 / 2014
Transaction ID : SA11AI.13298
 Amount of Each Receipt this Period 30.00

C. Robyn Mauser
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 13 / 2014
Transaction ID : SA11AI.13300
 Amount of Each Receipt this Period 20.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Jody Mentz
 Mailing Address P.O. Box 13466
 City State Zip Code
 Phoenix AZ 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBAZ Director, ICS Production Support
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13301
 Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Elizabeth Messina
 Mailing Address P. O. Box 13466
 City State Zip Code
 Phoenix AZ 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBSAZ SVP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 735.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13302
 Amount of Each Receipt this Period
 70.00

Full Name (Last, First, Middle Initial)
C. Chris Messner
 Mailing Address PO Box 13466
 City State Zip Code
 Phoenix AZ 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBSAZ, Inc. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13303
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 19 OF 28 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Laura Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Lawyer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 11 / 13 / 2014
Transaction ID : SA11AI.13304
 Amount of Each Receipt this Period
 40.00

B. Cindy Montgomery
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 11 / 13 / 2014
Transaction ID : SA11AI.13305
 Amount of Each Receipt this Period
 30.00

C. Marcus Montoya
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 11 / 13 / 2014
Transaction ID : SA11AI.13308
 Amount of Each Receipt this Period
 50.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. James Napoli

Mailing Address PO Box 13466

City State Zip Code
 Phoenix AZ 85002

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

Name of Employer Occupation
 BCBSAZ, Inc. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 11 / 13 / 2014
Transaction ID : SA11AI.13310

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Mrs. Susan Nash

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 Blue Cross & Blue Shield of Arizona V.P.-Federal Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 11 / 13 / 2014
Transaction ID : SA11AI.13311

Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
C. Mrs. Susan Navran

Mailing Address 2444 W. Las Palmaritas

City State Zip Code
 Phoenix AZ 85021

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

Name of Employer Occupation
 BCBSAZ Executive V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 11 / 13 / 2014
Transaction ID : SA11AI.13313

Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 28 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | | | | | | | | | |
|---|------------------------------------|---|-------|-----------|-------|---|-----------|----|---|----|---|------|
| Full Name (Last, First, Middle Initial) A. Marty O'Reilly | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>13</td> <td>/</td> <td>2014</td> </tr> </table> | M M M | / | D D D | / | Y Y Y Y Y | 11 | / | 13 | / | 2014 |
| M M M | / | D D D | / | Y Y Y Y Y | | | | | | | | |
| 11 | / | 13 | / | 2014 | | | | | | | | |
| Mailing Address P. O. Box 13466 | | Transaction ID : SA11AI.13314 | | | | | | | | | | |
| City Phoenix | State AZ | Zip Code 85002 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 | | | | | | | | | | |
| Name of Employer BCBSAZ | Occupation Director | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 315.00 | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|------------------------------------|---|-------|-----------|-------|---|-----------|----|---|----|---|------|
| Full Name (Last, First, Middle Initial) B. Linda Olvey | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>13</td> <td>/</td> <td>2014</td> </tr> </table> | M M M | / | D D D | / | Y Y Y Y Y | 11 | / | 13 | / | 2014 |
| M M M | / | D D D | / | Y Y Y Y Y | | | | | | | | |
| 11 | / | 13 | / | 2014 | | | | | | | | |
| Mailing Address P. O. Box 13466 | | Transaction ID : SA11AI.13315 | | | | | | | | | | |
| City Phoenix | State AZ | Zip Code 85002 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 | | | | | | | | | | |
| Name of Employer BCBSAZ | Occupation Director | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|-------------------------------------|---|-------|-----------|-------|---|-----------|----|---|----|---|------|
| Full Name (Last, First, Middle Initial) C. Harry Papp | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>13</td> <td>/</td> <td>2014</td> </tr> </table> | M M M | / | D D D | / | Y Y Y Y Y | 11 | / | 13 | / | 2014 |
| M M M | / | D D D | / | Y Y Y Y Y | | | | | | | | |
| 11 | / | 13 | / | 2014 | | | | | | | | |
| Mailing Address P.O. Box 13466 | | Transaction ID : SA11AI.13317 | | | | | | | | | | |
| City Phoenix | State AZ | Zip Code 85021 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 | | | | | | | | | | |
| Name of Employer BCBSAZ | Occupation Board Member | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 | | | | | | | | | | | |

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| SUBTOTAL of Receipts This Page (optional).....▶ | 350.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 28 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. Andrea Parsons
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ, Inc. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13316
 Amount of Each Receipt this Period
 30.00

B. Ms. Joan Ramos
 Full Name (Last, First, Middle Initial)
 Mailing Address 2444 W. Las Palmaritas
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross and Blue Shield of Arizona Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13320
 Amount of Each Receipt this Period
 20.00

C. Jennifer Ratti
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13321
 Amount of Each Receipt this Period
 20.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 23 OF 28 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Deanna Salazar
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Sr. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **840.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 13 / 2014
Transaction ID : SA11AI.13323
 Amount of Each Receipt this Period
80.00

B. Mary Semma
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 13 / 2014
Transaction ID : SA11AI.13324
 Amount of Each Receipt this Period
50.00

C. Carol Smallwood
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ, Inc. Occupation 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
11 / 13 / 2014
Transaction ID : SA11AI.13328
 Amount of Each Receipt this Period
50.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 180.00 |
| 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 24 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Scott Sowell
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13330
 Amount of Each Receipt this Period
 50.00

B. Jeff Stelnik
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Sr. Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13332
 Amount of Each Receipt this Period
 70.00

C. Deidra Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 13466
 City Phoenix State AZ Zip Code 85002-3466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of AZ Occupation Director, Claims Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13333
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00
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 25 OF 28
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

A. Rebecca Thompson
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 13466

| | | |
|-----------------|-------------|------------------------|
| City Phoenix | State AZ | Zip Code 85002-3466 |
|-----------------|-------------|------------------------|

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 13 / 2014
Transaction ID : SA11AI.13335

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

Amount of Each Receipt this Period
20.00

Name of Employer
Blue Cross Blue Shield of AZ
Occupation
Manager, Business Informatics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

B. Michael Tilton
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 13466

| | | |
|-----------------|-------------|-------------------|
| City Phoenix | State AZ | Zip Code 85003 |
|-----------------|-------------|-------------------|

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 13 / 2014
Transaction ID : SA11AI.13336

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

Amount of Each Receipt this Period
50.00

Name of Employer
BCBSAZ, Inc.
Occupation
VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

C. Gary Trujillo
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 13466

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

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 13 / 2014
Transaction ID : SA11AI.13339

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

Amount of Each Receipt this Period
250.00

Name of Employer
BCBSAZ
Occupation
Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 320.00

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 26 OF 28 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. Su Tucker | | Date of Receipt |
| Mailing Address P. O. Box 13466 | | <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/> |
| City Phoenix | State AZ | Zip Code 85002 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.13340 |
| Name of Employer BCBSAZ | | Amount of Each Receipt this Period |
| Occupation Director | | <input type="text" value="400.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| <input type="text" value="420.00"/> | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. Cynthia Walls | | Date of Receipt |
| Mailing Address P. O. Box 13466 | | <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/> |
| City Phoenix | State AZ | Zip Code 85002 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.13343 |
| Name of Employer BCBSAZ | | Amount of Each Receipt this Period |
| Occupation Vice President | | <input type="text" value="200.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| <input type="text" value="210.00"/> | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. Matt Wandoloski | | Date of Receipt |
| Mailing Address P. O. Box 13466 | | <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/> |
| City Phoenix | State AZ | Zip Code 85002 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.13344 |
| Name of Employer BCBSAZ | | Amount of Each Receipt this Period |
| Occupation Employee | | <input type="text" value="50.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| <input type="text" value="525.00"/> | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="110.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 28 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. Alton Washington
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 13466
 City Phoenix State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Board Member
 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
 11 / 13 / 2014
Transaction ID : SA11AI.13347
 Amount of Each Receipt this Period
 150.00

B. Greg Wells
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13349
 Amount of Each Receipt this Period
 50.00

C. Rachel Winkler
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 13466
 City Phoenix State AZ Zip Code 85002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSAZ Occupation Senior Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2014
Transaction ID : SA11AI.13350
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 28 OF 28
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

A. Bill Zuelke
Full Name (Last, First, Middle Initial)
Mailing Address P. O. Box 13466
City Phoenix State AZ Zip Code 85002
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSAZ Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **11 / 13 / 2014**
Transaction ID : SA11AI.13351
Amount of Each Receipt this Period **30.00**

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 30.00 |
| TOTAL This Period (last page this line number only).....▶ | 3674.00 |