

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Healthy Government Committee-The Political Action Committee of BCBSAZ

ADDRESS (number and street) P.O. Box 13466  
 Check if different than previously reported. (ACC)  
Phoenix AZ 85002

2. **FEC IDENTIFICATION NUMBER** C00215202  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 02 2010 in the State of AZ  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

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

Type or Print Name of Treasurer Ms Kathryn Baker

Signature of Treasurer Electronically Filed by Ms Kathryn Baker Date 10 21 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		3764.95
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	1990.95									
(c) Total Receipts (from Line 19) .....	979.00	19665.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2969.95	23429.95								
7. Total Disbursements (from Line 31) .....	400.00	20860.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2569.95	2569.95								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

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) .....	500.00	6200.00
(ii) Unitemized .....	479.00	13021.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	979.00	19221.00
(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) .....	979.00	19221.00
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	444.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	979.00	19665.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	979.00	19665.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	400.00	20860.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	400.00	20860.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	400.00	20860.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	979.00	19221.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	979.00	19221.00
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 / 15  
(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 BCBSAZ

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

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code  
Phoenix AZ 85021

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

Name of Employer Blue Cross & Blue Shield of AZ      Occupation Sr. VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.10484

Amount of Each Receipt this Period  
15.00

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

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 Blue Cross Blue Shield of AZ      Occupation Manager, Claims Customer Service

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.10486

Amount of Each Receipt this Period  
15.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Tony Astorga

Mailing Address P.O. Box 13466

City State Zip Code  
Phoenix AZ 85002

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

Name of Employer Blue Cross & Blue Shield of AZ      Occupation Sr. V.P.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.10491

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **55.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Healthy Government Committee-The Political Action Committee of BCBSAZ

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Kathryn Baker		Date of Receipt
	Mailing Address 2444 W. Las Palmaritas Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85021
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10493
Name of Employer Blue Cross & Blue Shield of Arizona		Occupation VP & Treasurer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	<input type="text"/> 25.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Cameron Black		Date of Receipt
	Mailing Address P.O. Box 13466		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85002-3466
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10499
Name of Employer Blue Cross Blue Shield of AZ		Occupation Manager, Treasury	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00	<input type="text"/> 15.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Richard Boals		Date of Receipt
	Mailing Address 2444 W. Las Palmaritas Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85021
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10501
Name of Employer Blue Cross & Blue Shield of Arizona		Occupation President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	<input type="text"/> 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 65.00
<b>TOTAL</b> 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 8 / 15  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Healthy Government Committee-The Political Action Committee of BCBSAZ

**A.**

Full Name (Last, First, Middle Initial)  
Ms Susan Broadman

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code  
Phoenix AZ 85021

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

Name of Employer: Blue Cross & Blue Shield of Arizona  
Occupation: Staffing Specialist/EEO Coordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 10 / 07 / 2010  
Transaction ID: SA11AI.10504  
Amount of Each Receipt this Period: 15.00

**B.**

Full Name (Last, First, Middle Initial)  
Bill Bruno

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: BCBSAZ  
Occupation: Small Group Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 10 / 07 / 2010  
Transaction ID: SA11AI.10505  
Amount of Each Receipt this Period: 15.00

**C.**

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

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code  
Phoenix AZ 85021

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 10 / 07 / 2010  
Transaction ID: SA11AI.10506  
Amount of Each Receipt this Period: 40.00

**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 9 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Healthy Government Committee-The Political Action Committee of BCBSAZ

<b>A.</b>	Full Name (Last, First, Middle Initial) Sherri Burruss		Date of Receipt
	Mailing Address P. O. Box 13466		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85002
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10507
		Amount of Each Receipt this Period	
		<input type="text"/> 25.00	
Name of Employer BCBSAZ		Occupation Actuarial	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 475.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Helen Chandler		Date of Receipt
	Mailing Address 2444 W. Las Palmaritas Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85021
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10509
		Amount of Each Receipt this Period	
		<input type="text"/> 25.00	
Name of Employer Blue Cross & Blue Shield of Arizona		Occupation Sr. V.P.-Claims & Federal Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 475.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathy Dierks		Date of Receipt
	Mailing Address P. O. Box 13466		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85002
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10514
		Amount of Each Receipt this Period	
		<input type="text"/> 15.00	
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 ▼	
		<input type="text"/> 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 65.00
<b>TOTAL</b> 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 10 / 15		
	<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

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NAME OF COMMITTEE (In Full)  
Healthy Government Committee-The Political Action Committee of BCBSAZ

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Richard Hannon		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 2444 W. Las Palmaritas Drive		<b>Transaction ID:</b> SA11AI.10526		
	City Phoenix	State AZ	Zip Code 85021	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Blue Cross & Blue Shield of Arizona	Occupation Sr. V.P.-External Affairs	Aggregate Year-to-Date 475.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Bonnie Irwin		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 2444 W. Las Palmaritas		<b>Transaction ID:</b> SA11AI.10532		
	City Phoenix	State AZ	Zip Code 85021	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BCBSAZ	Occupation vice president	Aggregate Year-to-Date 285.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Sheri Jackson		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 2444 W Las Palmaritas		<b>Transaction ID:</b> SA11AI.10534		
	City Phoenix	State AZ	Zip Code 85021	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BCBSAZ	Occupation vice president	Aggregate Year-to-Date 285.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	55.00
<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: (check only one)	PAGE 11 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Healthy Government Committee-The Political Action Committee of BCBSAZ

<b>A.</b>	Full Name (Last, First, Middle Initial) Marty Laurel		Date of Receipt
	Mailing Address 2444 W. Las Palmaritas Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85021
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.10539
Name of Employer BCBSAZ		Occupation vice president	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 285.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Vicky McDonald		Date of Receipt
	Mailing Address P. O. Box 13466		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85002
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.10544
Name of Employer BCBSAZ		Occupation vice president	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
		<input type="text"/> 285.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) elizabeth messina		Date of Receipt
	Mailing Address P. O. Box 13466		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 7 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85002
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.10546
Name of Employer BCBSAZ		Occupation SVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 35.00
		<input type="text"/> 665.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 65.00
<b>TOTAL</b> 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 / 15  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Healthy Government Committee-The Political Action Committee of BCBSAZ

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Jody Miller

Mailing Address 2444 W. Las Palmaritas

City State Zip Code  
Phoenix AZ 85021

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

Name of Employer BCBSAZ Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.10548

Amount of Each Receipt this Period  
15.00

**B.**

Full Name (Last, First, Middle Initial)  
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 BCBSAZ Occupation Executive V.P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.10553

Amount of Each Receipt this Period  
15.00

**C.**

Full Name (Last, First, Middle Initial)  
Adam Rice

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 BCBSAZ Occupation director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.10566

Amount of Each Receipt this Period  
15.00

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

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

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

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

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

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NAME OF COMMITTEE (In Full)  
Healthy Government Committee-The Political Action Committee of BCBSAZ

**A.** Full Name (Last, First, Middle Initial)  
Deanna Salazar

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 BCBSAZ Occupation Sr. Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.10568

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Mary Semma

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 BCBSAZ Occupation VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.10571

Amount of Each Receipt this Period  
15.00

**C.** Full Name (Last, First, Middle Initial)  
Su Tucker

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 BCBSAZ Occupation Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.10581

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 55.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
 Healthy Government Committee-The Political Action Committee of BCBSAZ

<b>A.</b>	Full Name (Last, First, Middle Initial) Neil Eugene Wilson		Date of Receipt																					
	Mailing Address P.O. Box 13466		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	7	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	0	7	/	2	0	1	0														
	City	State	Zip Code		<b>Transaction ID:</b> SA11AI.10589																			
Phoenix	AZ	85002-3466																						
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Blue Cross Blue Shield of AZ		Occupation Director, Large Group Sales		<input type="text" value="25.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="475.00"/>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="25.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="500.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Sylvia T. Allen 2010 <hr/> Mailing Address P.O. Box 952 <hr/> City Snowflake State AZ Zip Code 85937 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.10593 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
<b>B.</b> Full Name (Last, First, Middle Initial) The Committee to Elect Steve Urie <hr/> Mailing Address 935 N. Tucana Lane <hr/> City Gilbert State AZ Zip Code 85234 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.10592 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00

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

400.00

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

400.00