

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2006 through 10 18 2006

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 25 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		7753.88
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	11690.88									
(c) Total Receipts (from Line 19)	917.00	17483.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12607.88	25236.88								
7. Total Disbursements (from Line 31)	1800.00	14429.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10807.88	10807.88								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

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	455.00	4295.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	462.00	13188.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	917.00	17483.00
(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)	917.00	17483.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	917.00	17483.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	917.00	17483.00

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) 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.....	1800.00	14400.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	29.00
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))..	1800.00	14429.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1800.00	14429.00

DETAILED SUMMARY PAGE
of Disbursements

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)	917.00	17483.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	917.00	17483.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<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 BCBSAZ

Full Name (Last, First, Middle Initial) A. Mrs. Karen Abraham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 2444 W. Las Palmaritas Drive		Transaction ID: SA11A1.7703	
City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross & Blue Shield of AZ	Occupation V.P.-Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) B. Mr. Tony Astorga		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address P.O. Box 13466		Transaction ID: SA11A1.7706	
City State Zip Code Phoenix AZ 85002	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 AZ	Occupation Sr. V.P. & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) C. Ms Kathryn Baker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 2444 W. Las Palmaritas Drive		Transaction ID: SA11A1.7707	
City State Zip Code Phoenix AZ 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 VP & Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

SUBTOTAL of Receipts This Page (optional) ▶	65.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<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

Full Name (Last, First, Middle Initial) A. Mr. Richard Boals		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 2444 W. Las Palmaritas Drive		Transaction ID: SA11A1.7713
City State Zip Code Phoenix AZ 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 President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) B. Ms Susan Broadman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 2444 W. Las Palmaritas Drive		Transaction ID: SA11A1.7715
City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 15.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) C. Mr. James Brutlag		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 2444 W. Las Palmaritas Drive		Transaction ID: SA11A1.7716
City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 20.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<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

Full Name (Last, First, Middle Initial) A. Mrs. Helen Chandler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 2444 W. Las Palmaritas Drive		Transaction ID: SA11A1.7720	
City State Zip Code Phoenix AZ 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.-Claims & Federal Programs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) B. Kathy Clubine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address P. O. Box 13466		Transaction ID: SA11A1.7722	
City State Zip Code Phoenix AZ 85002	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer BCBSAZ	Occupation mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) C. Gail Damico		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 2444 W. Las Palmaritas		Transaction ID: SA11A1.7724	
City State Zip Code Phoenix AZ 85002	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross and Blue Shield	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<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

Full Name (Last, First, Middle Initial) A. Mr. Jim Dunlap		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 2444 W. Las Palmaritas		Transaction ID: SA11A1.7728
City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		
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 ▼ 285.00	

Full Name (Last, First, Middle Initial) B. Mr. Richard Hannon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 2444 W. Las Palmaritas Drive		Transaction ID: SA11A1.7740
City State Zip Code Phoenix AZ 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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) C. Mrs. Lynnette Hirst		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 2444 W. Las Palmaritas Drive		Transaction ID: SA11A1.7741
City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross & Blue Shield of Arizona	Occupation Director-Local Business Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<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

A. Full Name (Last, First, Middle Initial)
Bonnie Irwin

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 vice president

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 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.7746

Amount of Each Receipt this Period
15.00

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

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 vice president

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 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.7748

Amount of Each Receipt this Period
15.00

C. Full Name (Last, First, Middle Initial)
Marty Laurel

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AL 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 ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.7751

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 16
	<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

Full Name (Last, First, Middle Initial) A. Vicky McDonald		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address P. O. Box 13466		Transaction ID: SA11A1.7757	
City Phoenix	State AZ	Zip Code 85002	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer BCBSAZ	Occupation vice president		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) B. Mrs. Lyn McKay		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 2444 W. Las Palmaritas		Transaction ID: SA11A1.7758	
City Phoenix	State AZ	Zip Code 85002	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross and Blue Shield of Arizona	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) C. Mrs. Jody Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 2444 W. Las Palmaritas		Transaction ID: SA11A1.7762	
City Phoenix	State AZ	Zip Code 85002	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross and Blue Shield of Arizona	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

SUBTOTAL of Receipts This Page (optional) ▶	50.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 16
	(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

Full Name (Last, First, Middle Initial) A. Mrs. Susan Navran		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 2444 W. Las Palmaritas		Transaction ID: SA11A1.7769	
City State Zip Code Phoenix AZ 85002	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross and Blue Shield of Arizona	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) B. Linda Oldershaw		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address P O Box 13466		Transaction ID: SA11A1.7772	
City State Zip Code Phoenix AZ 85002	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 285.00		

Full Name (Last, First, Middle Initial) C. ann parsons		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address P. O. Box 13466		Transaction ID: SA11A1.7776	
City State Zip Code Phoenix AZ 85002	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 285.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 16
	<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

A. 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
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.7781

Amount of Each Receipt this Period
15.00

B. 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 vice president

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.7783

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Emily Schroeder

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 manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.7784

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► 50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 16
	(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

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) Mary Semma		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address P. O. Box 13466		Transaction ID: SA11A1.7785	
City Phoenix	State AZ	Zip Code 85002	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer BCBSAZ	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

B. Full Name (Last, First, Middle Initial) Su Tucker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address P. O. Box 13466		Transaction ID: SA11A1.7792	
City Phoenix,	State AZ	Zip Code 85002	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
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 ▼ 285.00		

SUBTOTAL of Receipts This Page (optional)	30.00
TOTAL This Period (last page this line number only)	455.00

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 / 16

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

Full Name (Last, First, Middle Initial) A. Doug Clark 2006		Transaction ID: SB22.7798 Date of Disbursement 10 / 02 / 2006
Mailing Address 3434 W. Anthem Way		Amount of Each Disbursement this Period 150.00
City Anthem	State AZ	
Zip Code 85086		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Rick Renzi for Congress		Transaction ID: SB22.7800 Date of Disbursement 10 / 02 / 2006
Mailing Address P. O. Box 219		Amount of Each Disbursement this Period 500.00
City Flagstaff	State AZ	
Zip Code 86002		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Sam Crump 2006		Transaction ID: SB22.7804 Date of Disbursement 10 / 16 / 2006
Mailing Address 2827 W. Adventure Drive		Amount of Each Disbursement this Period 150.00
City Anthem	State AZ	
Zip Code 85086		
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 16

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

Full Name (Last, First, Middle Initial) A. Southern Arizona Victory Committee		Transaction ID: SB22.7801	
Mailing Address 465 W. St. Mary's Road		Date of Disbursement 10 / 10 / 2006	
City Tucson	State AZ	Zip Code 85702	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1800.00