

**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**

CITY

STATE

ZIP CODE

C00215202

3. IS THIS  
REPORTNEW  
(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 (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

11

28

2006

through

12

31

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

01

31

2007

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**FEC FORM 3X**  
(Rev. 02/2003)

# 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	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		7753.88
(b) Cash on Hand at Beginning of Reporting Period .....	12158.88	
(c) Total Receipts (from Line 19) .....	1824.00	22058.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	13982.88	29811.88
7. Total Disbursements (from Line 31) .....	2814.00	18643.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11168.88	11168.88
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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period:

From:

M M  
1 1D D  
2 8Y Y Y Y  
2 0 0 6

To:

M M  
1 2D D  
3 1Y 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	1460.00	7960.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	364.00	14098.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	1824.00	22058.00
(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) ..... ➡	1824.00	22058.00
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)) .....	1824.00	22058.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1824.00	22058.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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)		0.00	0.00
(i) Federal Share.....			
(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.....		2814.00	18614.00
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))..		2814.00	18643.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		2814.00	18643.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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) .....	1824.00	22058.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1824.00	22058.00
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)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

<b>A.</b> 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. <b>C</b> 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 ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7909 Amount of Each Receipt this Period 30.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. William Arthur Mailing Address 2444 W. Las Palmaritas City State Zip Code Phoenix AZ 85002 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7910 Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. daniel aspery, md Mailing Address 2444 W. Las Palmaritas City State Zip Code Phoenix AZ 85021 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7911 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)  
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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)

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. & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7912

Amount of Each Receipt this Period

50.00

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

Ms Kathryn Baker

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  
VP & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7913

Amount of Each Receipt this Period

50.00

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

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  
Blue Cross & Blue Shield  
of Arizona

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7919

Amount of Each Receipt this Period

50.00

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

150.00

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

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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 Susan Broadman Mailing Address 2444 W. Las Palmaritas Drive City Phoenix State AZ Zip Code 85021 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7921 Amount of Each Receipt this Period 30.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. James Brutlag Mailing Address 2444 W. Las Palmaritas Drive City Phoenix State AZ Zip Code 85021 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 480.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7922 Amount of Each Receipt this Period 40.00
<b>C.</b> Full Name (Last, First, Middle Initial) Sherri Burruss Mailing Address P. O. Box 13466 City Phoenix State AZ Zip Code 85002 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7923 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**

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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) Mrs. Helen Chandler			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 2444 W. Las Palmaritas Drive			<b>Transaction ID:</b> SA11A1.7926	
City State Zip Code Phoenix AZ 85021			Amount of Each Receipt this Period 50.00	
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 ▼ 600.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Lisa Cherney			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address P. O. Box 13466			<b>Transaction ID:</b> SA11A1.7927	
City State Zip Code Phoenix AZ 85002			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer BCBSAZ		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Kathy Clubine			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address P. O. Box 13466			<b>Transaction ID:</b> SA11A1.7928	
City State Zip Code Phoenix AZ 85002			Amount of Each Receipt this Period 30.00	
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 ▼ 360.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			100.00	
<b>TOTAL</b> This Period (last page this line number only) .....				

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

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FOR LINE NUMBER: PAGE 10 / 27

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

Healthy Government Committee-The Political Action Committee of BCBSAZ

<b>A.</b> Full Name (Last, First, Middle Initial) Gail Damico		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 2444 W. Las Palmaritas		<b>Transaction ID:</b> SA11A1.7930
City State Zip Code Phoenix AZ 85002	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 360.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Edward Davis		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 2444 W. Las Palmaritas		<b>Transaction ID:</b> SA11A1.7932
City State Zip Code Phoenix AZ 85002	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 240.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Jim Dunlap		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 2444 W. Las Palmaritas		<b>Transaction ID:</b> SA11A1.7934
City State Zip Code Phoenix AZ 85021	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 360.00	

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

80.00

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

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

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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) Gerry Farmer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address P. O. Box 13466		<b>Transaction ID:</b> SA11A1.7937
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 ▼ 240.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Terri Gades		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address P. O. Box 13466		<b>Transaction ID:</b> SA11A1.8021
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 ▼ 240.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Thomas Goodman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 2444 W. Las Palmaritas Drive		<b>Transaction ID:</b> SA11A1.7942
City Phoenix	State AZ	Zip Code 85021
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 Arizona	Occupation Manager-Individual Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

60.00

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

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

<b>A.</b> Full Name (Last, First, Middle Initial) Barbara Guerriero			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address P. O. Box 13466			<b>Transaction ID:</b> SA11A1.7943	
City State Zip Code Phoenix AZ 85002			Amount of Each Receipt this Period 20.00	
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 ▼ 240.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard Hannon			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 2444 W. Las Palmaritas Drive			<b>Transaction ID:</b> SA11A1.7945	
City State Zip Code Phoenix AZ 85021			Amount of Each Receipt this Period 50.00	
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 ▼ 600.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Lynnette Hirst			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 2444 W. Las Palmaritas Drive			<b>Transaction ID:</b> SA11A1.7946	
City State Zip Code Phoenix AZ 85021			Amount of Each Receipt this Period 30.00	
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 ▼ 360.00		

**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)  
or each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

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

Mr. Christopher Hogan

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code  
 Phoenix AZ 85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Cross and Blue Shield  
of Arizona

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7948

Amount of Each Receipt this Period

20.00

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

Nancy Hubler

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7949

Amount of Each Receipt this Period

20.00

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

Cathy Huskey

Mailing Address 2444 West Las Palmaritas Drive

City State Zip Code  
 Phoenix AL 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7950

Amount of Each Receipt this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 27

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Bonnie Irwin Mailing Address 2444 W. Las Palmaritas City Phoenix State AZ Zip Code 85021 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7951 Amount of Each Receipt this Period 30.00
<b>B.</b> Full Name (Last, First, Middle Initial) Sheri Jackson Mailing Address 2444 W Las Palmaritas City Phoenix State AZ Zip Code 85021 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7954 Amount of Each Receipt this Period 30.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ms Mary Sue Jacobs Mailing Address 2444 W. Las Palmaritas Drive City Phoenix State AZ Zip Code 85021 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Blue Cross & Blue Shield of Arizona Occupation Sr. Tech. Support Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7953 Amount of Each Receipt this Period 20.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		80.00
<b>TOTAL</b> 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 15 / 27

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Lori Lambrecht		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address P. O. Box 13466		
City	State	Zip Code
Phoenix	AZ	85002
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA11A1.7956
Amount of Each Receipt this Period		20.00
Name of Employer BCBSAZ		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00

<b>B.</b> Full Name (Last, First, Middle Initial) Marty Laurel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 2444 W. Las Palmaritas Drive		
City	State	Zip Code
Phoenix	AL	85021
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA11A1.7957
Amount of Each Receipt this Period		30.00
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 ▼ 360.00

<b>C.</b> Full Name (Last, First, Middle Initial) Robyn Mauser		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address P. O. Box 13466		
City	State	Zip Code
Phoenix	AZ	85002
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA11A1.7962
Amount of Each Receipt this Period		20.00
Name of Employer BCBSAZ		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 27

(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)

Vicky McDonald

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7963

Amount of Each Receipt this Period

30.00

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

Mrs. Lyn McKay

Mailing Address 2444 W. Las Palmaritas

City State Zip Code  
 Phoenix AZ 85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Cross and Blue Shield  
of Arizona

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7964

Amount of Each Receipt this Period

40.00

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

Susan Meitz

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7965

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

<b>A.</b> Full Name (Last, First, Middle Initial) laura meyer Mailing Address P. O. Box 13466 City State Zip Code Phoenix AZ 85002 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer BCBSAZ Occupation Lawyer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7967 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Jody Miller Mailing Address 2444 W. Las Palmaritas City State Zip Code Phoenix AZ 85002 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7968 Amount of Each Receipt this Period 30.00
<b>C.</b> Full Name (Last, First, Middle Initial) Cindy Montgomery Mailing Address P. O. box 13466 City State Zip Code Phoenix AZ 85002 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer bcbsaz Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7969 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)  
or each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

<b>A.</b> Full Name (Last, First, Middle Initial) Louis Montoya Mailing Address P O Box 13466 City State Zip Code Phoenix AZ 85002 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID: SA11A1.7970</b> Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) 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. <b>C</b> Name of Employer Blue Cross & Blue Shield of Arizona Occupation V.P.-Federal Programs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID: SA11A1.7974</b> Amount of Each Receipt this Period 20.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Susan Navran Mailing Address 2444 W. Las Palmaritas City State Zip Code Phoenix AZ 85002 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID: SA11A1.7975</b> 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)  
or each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

<b>A.</b> Full Name (Last, First, Middle Initial) Marty O'Reilly Mailing Address P. O. Box 13466 City State Zip Code Phoenix AZ 85002 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7977 Amount of Each Receipt this Period 20.00
<b>B.</b> Full Name (Last, First, Middle Initial) Linda Oldershaw Mailing Address P O Box 13466 City State Zip Code Phoenix AZ 85002 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 345.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7978 Amount of Each Receipt this Period 15.00
<b>C.</b> Full Name (Last, First, Middle Initial) Nancy Olivo Mailing Address P. O. Box 13466 City State Zip Code Phoenix AZ 85002 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7979 Amount of Each Receipt this Period 20.00

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

55.00

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

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

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or each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

<b>A.</b> Full Name (Last, First, Middle Initial) Linda Olvey		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address P. O. box 13466		<b>Transaction ID:</b> SA11A1.7980
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b> Full Name (Last, First, Middle Initial) ann parsons		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address P. O. Box 13466		<b>Transaction ID:</b> SA11A1.7982
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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 ▼ 360.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Pam Ray		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 2444 W. Las Palmaritas		<b>Transaction ID:</b> SA11A1.7986
City Phoenix	State AZ	Zip Code 85021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 240.00	

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 27

(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

Full Name (Last, First, Middle Initial)

**A.** 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7987

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B.** 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 ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7989

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C.** 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7990

Amount of Each Receipt this Period

30.00

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

105.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 27

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mary Semma		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address P. O. Box 13466		<b>Transaction ID:</b> SA11A1.7991
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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 ▼ 360.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Scott Sowell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address P O Box 13466		<b>Transaction ID:</b> SA11A1.7996
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 ▼ 240.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Michelle Spaulding		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address P. O. Box 13466		<b>Transaction ID:</b> SA11A1.7994
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**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)  
or each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of BCBSAZ

A. 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7998

Amount of Each Receipt this Period

30.00

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

Mrs. Carol Von Fange

Mailing Address 2444 W. Las Palmaritas

City State Zip Code  
 Phoenix, AZ 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.7999

Amount of Each Receipt this Period

20.00

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

Mike Woodard

Mailing Address 2444 W. Las Palmaritas

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  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.8002

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) .....

1460.00

# **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)

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<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.** Carolyn S. Allen 2008

Mailing Address 7499 E. Timberlane Court

City State Zip Code  
Scottsdale AZ 85258

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22.8019

Date of Disbursement

/   /

Amount of Each Disbursement this Period

296.00

Full Name (Last, First, Middle Initial)

**B.** Committee to Elect Chad Campbell

Mailing Address 1333 N. 24th Street

City State Zip Code  
Phoenix AZ 85008

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22.8017

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C.** Committee to Elect Robert Meza

Mailing Address 2624 N. 22nd Avenue

City State Zip Code  
Phoenix AZ 85009

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22.8010

Date of Disbursement

/   /

Amount of Each Disbursement this Period

296.00

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

742.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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.** Elect Adams

Mailing Address 3851 E. Main

City  
Mesa

State  
AZ

Zip Code  
85205

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22.8008

Date of Disbursement

/   /

Amount of Each Disbursement this Period

296.00

Full Name (Last, First, Middle Initial)

**B.** Friends of John McComish

Mailing Address 4463 E. Desert View

City  
Phoenix

State  
AZ

Zip Code  
85044

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22.8015

Date of Disbursement

/   /

Amount of Each Disbursement this Period

296.00

Full Name (Last, First, Middle Initial)

**C.** Gorman 2006

Mailing Address P. O. Box 55265

City  
Phoenix

State  
AZ

Zip Code  
85078

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22.8006

Date of Disbursement

/   /

Amount of Each Disbursement this Period

296.00

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

888.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<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.** jim weiers 08

Mailing Address 16022 N. 37th Avenue

City Phoenix State AZ Zip Code 85053

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22.8004

Date of Disbursement

/   /

Amount of Each Disbursement this Period

296.00

Full Name (Last, First, Middle Initial)

**B.** Konopnicki 2008

Mailing Address 1496 W. Thatcher Blvd

City Safford State AZ Zip Code 85546

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22.8011

Date of Disbursement

/   /

Amount of Each Disbursement this Period

296.00

Full Name (Last, First, Middle Initial)

**C.** Re-Elect Thayer Verschoor

Mailing Address 1326 E. Encinas

City Gilbert State AZ Zip Code 85234

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB22.8016

Date of Disbursement

/   /

Amount of Each Disbursement this Period

296.00

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

888.00

**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 27 / 27

<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.** Reagan 2008

Mailing Address 7754 E. Lakeview Court

City State Zip Code  
Scottsdale AZ 85258

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.8013

Date of Disbursement

/   /

Amount of Each Disbursement this Period

296.00

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

296.00

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

2814.00