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Oct 11 3 16 PM '94



HEALTHY GOVERNMENT COMMITTEE

POLITICAL ACTION COMMITTEE OF BLUE CROSS AND BLUE SHIELD OF ARIZONA

October 7, 1994

Federal Election Commission
999 East Street NW
Washington, D.C. 20463

RE: ID# C00215202

Dear FEC:

Enclosed is our October 15 Quarterly Report of Receipts and Disbursements covering the period of July 1, 1994 through September 30, 1994 (FEC FORM 3X) for Healthy Government Committee - The Political Action Committee of Blue Cross and Blue Shield of Arizona.

Please contact me if you have any questions. My telephone number is (602) 864-4676.

Sincerely,

Tony M. Astorga
Treasurer

TA:sa/919EEKEC/41

Enclosure

9440002060477

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 000215202 000094
 LOYD A. ASTURGA
 HEALTHY GOVERNMENT COMMITTEE-2
 RE POLITICAL ACTION ENTERPRISE
 POST OFFICE BOX 10966
 PHOENIX AZ 85002

2. FEC IDENTIFICATION NUMBER
 000215202

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

Oct 11 3 15 PM '94

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
 Thirtieth day report following the General Election on _____ in the State of _____


(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7/1/94 through 9/30/94		
6. (a) Cash on Hand January 1, 1994			\$ 2,398.63
(b) Cash on Hand at Beginning of Reporting Period		\$ 1,740.13	
(c) Total Receipts (from Line 19)		\$ 1,898.00	\$ 5,764.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 3,638.13	\$ 7,763.13
7. Total Disbursements (from Line 20)		\$ (200.00)	\$ 3,925.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 3,838.13	\$ 3,838.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -	

For further information contact:
 Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9630
 Local 202-219-3420

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
 Tony M. Asturga

Signature of Treasurer  Date
 10/4/94

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

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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Healthy Government Committee - The Political Action Committee of Blue Cross and Blue Shield of Arizona		REPORT COVERING PERIOD FROM 7/1/94 TO 9/30/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		540.00	990.00
i. Itemized (use Schedule A)		1,358.00	4,374.50
ii. Unitemized		1,898.00	5,364.50
iii. Total	(add i and ii) >	-	-
b. Political Party Committees		-	-
c. Other Political Committees (such as PACs)		1,898.00	5,364.50
d. Total Contributions	(add a ii, b and c) >	-	-
12. Transfers From Affiliated/Other Party Committees		-	-
13. All Loans Received		-	-
14. Loan Repayments Received		-	-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-	-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-	-
17. Other Federal Receipts (Dividends, Interest, etc.)		-	-
18. Transfers from Nonfederal Account for Joint Activity		1,898.00	5,364.50
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,898.00	5,364.50
20. Total Federal Receipts	(subtract line 18 from line 19) >	-	-
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		-	-
i. Federal Share		-	-
ii. Non-Federal Share		-	-
b. Other Federal Operating Expenditures		-	-
c. Total Operating Expenditures	(add a i, a ii, and b) >	-	-
22. Transfers to Affiliated/Other Party Committees		-	1,950.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		-	-
24. Independent Expenditures (use Schedule E)		-	-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		-	-
26. Loan Repayments Made		-	-
27. Loans Made		-	-
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		-	-
b. Political Party Committees		-	-
c. Other Political Committees (such as PACs)		-	-
d. Total Contribution Refunds	(add a, b and c) >	(200.00)	1,975.00
29. Other Disbursements		(200.00)	3,925.00
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	(200.00)	3,925.00
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	-	-
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		1,898.00	5,364.50
33. Total Contribution Refunds (from line 28d)		-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)		1,898.00	5,364.50
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	-	-
36. Offsets to Operating Expenditures (from line 15)		-	-
37. Net Operating Expenditures	(subtract line 36 from 35) >	-	-

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (a) (i)

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

NAME OF COMMITTEE (in Full)
Healthy Government Committee - The Political Action Committee of Blue Cross and Blue Shield of Arizona

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Boale 2444 West Las Palmaritas Drive Phoenix, Arizona 85021	Blue Cross & Blue Shield of Arizona	Payroll Deduction	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec. V.P. & COO		(\$25.00 semi-monthly)
	Aggregate Year-to-Date > \$ 450.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert S. Bulla 2444 West Las Palmaritas Drive Phoenix, Arizona 85021	Blue Cross & Blue Shield of Arizona	Payroll Deduction	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & CEO		(\$25.00 semi-monthly)
	Aggregate Year-to-Date > \$ 450.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrea S. Lazar 2444 West Las Palmaritas Drive Phoenix, Arizona 85021	Blue Cross & Blue Shield of Arizona	Payroll Deduction	90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. V.P. - External Affairs		(\$15.00 semi-monthly)
	Aggregate Year-to-Date > \$ 270.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David McIntyre 2444 West Las Palmaritas Drive Phoenix, Arizona 85021	Blue Cross & Blue Shield of Arizona	Payroll Deduction	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director - Government Relations		(\$25.00 semi-monthly)
	Aggregate Year-to-Date > \$ 450.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

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

540.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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

NAME OF COMMITTEE (in Full)
Healthy Government Committee - The Political Action Committee of Blue Cross and Blue Shield of Arizona

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Elect Ernie Baird Committee 5428 East Cholia St. Scottsdale, Arizona 85254	Ernie Baird, Arizona State Rep., Dist. 14	7/6/94	(150.00) Check Returned
Mark Spitzer for Senate Committee P.O. Box 25094 Phoenix, Arizona 85002	Mark Spitzer, Arizona State Senate, Dist. 18	7/7/94	(100.00) Check Returned
Arizonaans for John Kaites 14406 N. 58th Drive Glendale, Arizona 85306	John Kaites, Arizona State Senate, Dist. 16	7/8/94	(100.00) Check Returned
Day Re-Election Committee P.O. Box 64276 Tucson, Arizona 85728	Ann Day, Arizona State Senate, Dist. 12	7/12/94	(150.00) Check Returned
Vote Pac 1221 E. Osborn Phoenix, Arizona 85014	Joe Hart, Arizona State Rep., Dist. 2-1nd. Exp.	9/8/94	100.00
Arizona Republican Party 3501 N. 24th St. Phoenix, Arizona 85016	Cont. Ed Republican Candidates for Az. State Offices	9/21/94	200.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

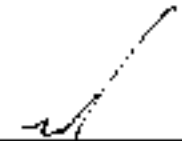
SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

(200.00)

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10-5-94
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
	10-11-94 DATE PREPARED
PREPARER	

3 4 5 6 7 8 9 2