

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

11/25/1998 11 : 67

1. NAME OF COMMITTEE (in full) Healthy Government Committee-The Political Action Committee of ECBSAZ	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 13466	2. FEC IDENTIFICATION NUMBER C00215202
CITY, STATE, and ZIP CODE Phoenix AZ 85002	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on 11/03/1998 In the State of AZ
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/15/1998</u> through <u>11/23/1998</u>		
6. (a) Cash on Hand, January 1, <u>1998</u>		2046.83
(b) Cash on Hand at Beginning of Reporting Period	2067.63	
(c) Total Receipts (from line 19)	618.00	4687.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2685.63	6735.63
7. Total Disbursements (from line 30)	250.00	4300.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2435.63	2435.83
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
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 Electronically Filed by Mr. Tony Astorga		
Signature of Treasurer	Date 11/25/1998	

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 ECBSAZ	REPORT COVERING PERIOD FROM 10/15/1998 TO: 11/23/1998	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	360.00	1010.00
ii. Unitemized	258.00	3577.00
iii. Total	618.00	4687.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions	618.00	4687.00
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.)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts	618.00	4687.00
20. Total Federal Receipts	618.00	4687.00
II. Disbursements		
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	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	1500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. 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 Contributions Refunds	0.00	0.00
29. Other Disbursements	250.00	2050.00
30. Total Disbursements	250.00	4300.00
31. Total Federal Disbursements	250.00	4300.00
III. Net Contributions / Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	618.00	4687.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	618.00	4687.00
35. Total Federal Operating Expenditures	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures	0.00	0.00

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 5
			FOR LINE NUMBER 11A

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 Act

Full Name, Mailing Address, and ZIP Code Mrs. Karen Abraham 2444 W. Las Palmaritas Drive Phoenix AZ 85021	Name of Employer Blue Cross & Blue Shield of AZ	Date (month, day, year) 11/23/1998 Payrol	Amount of Each Receipt this Period 30.00 Ded.-\$10/bi-weekly
	Occupation V.P.-Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Mr. Richard Beals 2444 W. Las Palmaritas Drive Phoenix AZ 85021	Name of Employer Blue Cross & Blue Shield of Arizona	Date (month, day, year) 11/23/1998 Payrol	Amount of Each Receipt this Period 75.00 Ded.-\$25 bi-weekly
	Occupation Exec. V.P. & COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 550.00		
Full Name, Mailing Address, and ZIP Code Mr. James Brutlag 2444 W. Las Palmaritas Drive Phoenix AZ 85021	Name of Employer Blue Cross & Blue Shield of Arizona	Date (month, day, year) 11/23/1998 Payrol	Amount of Each Receipt this Period 30.00 Ded.-\$10 bi-weekly
	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 > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Mr. Robert Bula 2444 W. Las Palmaritas Drive Phoenix AZ 85021	Name of Employer Blue Cross & Blue Shield of Arizona	Date (month, day, year) 11/23/1998 Payrol	Amount of Each Receipt this Period 75.00 Ded.-\$25 bi-weekly
	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 550.00		
Full Name, Mailing Address, and ZIP Code Mrs. Helen Chender 2444 W. Las Palmaritas Drive Phoenix AZ 85021	Name of Employer Blue Cross & Blue Shield of Arizona	Date (month, day, year) 11/23/1998 Payrol	Amount of Each Receipt this Period 30.00 Ded.-\$10 bi-weekly
	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 > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Mr. Richard Hannon 2444 W. Las Palmaritas Drive Phoenix AZ 85021	Name of Employer Blue Cross & Blue Shield of Arizona	Date (month, day, year) 11/23/1998 Payrol	Amount of Each Receipt this Period 30.00 Ded.-\$10 bi-weekly
	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 > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Mrs. Phyllis Luando-Honda 2444 W. Las Palmaritas Drive Phoenix AZ 85021	Name of Employer Blue Cross & Blue Shield of Arizona	Date (month, day, year) 11/23/1998 Payrol	Amount of Each Receipt this Period 30.00 Ded.-\$10 bi-weekly
	Occupation V.P.-Medical Review		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		4 / 5
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A
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NAME OF COMMITTEE (In Full) Healthy Government Committee-The Political Act				
Full Name, Mailing Address, and ZIP Code Ms Patricia Mandri 2444 W. Las Palmaritas Drive Phoenix AZ 85021		Name of Employer Blue Cross & Blue Shield of Arizona	Date (month, day, year) 11/23/1998	Amount of Each Receipt this Period 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation V.P.-Human Resources	Payroll Ded.-\$10 bi-weekly	
		Aggregate Year-to-Date > 5 220.00		
Full Name, Mailing Address, and ZIP Code Mrs. Susan Nash 2444 W. Las Palmaritas Drive Phoenix AZ 85021		Name of Employer Blue Cross & Blue Shield of Arizona	Date (month, day, year) 11/23/1998	Amount of Each Receipt this Period 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation V.P.-Federal Programs	Payroll Ded.-\$10 bi-weekly	
		Aggregate Year-to-Date > 5 220.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				360.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 5
			FOR LINE NUMBER 28
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 Act			
Full Name, Mailing Address, and ZIP Code Janet Napolitano '98 5060 N. Central Phoenix AZ 85012	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/29/1998	Amount of Each Disbursement This Period 250.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			250.00