

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Healthy Government Committee - The Political Action Committee of Blue Cross and Blue Shield of Arizona, Inc.

ADDRESS (number and street)

P. O. Box 13466

(Check if address is changed)

Phoenix

AZ

85002

3466

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kbaker@phx1.bcbsaz.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

602-864-4242

2. DATE

06

04

2007

3. FEC IDENTIFICATION NUMBER ▶

C 00215202

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Kathryn Baker

Signature of Treasurer

Date

06 06 2007

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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Federal Election Commission
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 PREPARER	<i>6/13/07</i> DATE PREPARED
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