

**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  
REPORT☒NEW  
(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 (12S)

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

07

01

2010

through

09

30

2010

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

15

2010

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. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 21

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		3764.95
(b) Cash on Hand at Beginning of Reporting Period .....	6109.95	
(c) Total Receipts (from Line 19) .....	6031.00	18686.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	12140.95	22450.95
7. Total Disbursements (from Line 31) .....	10150.00	20460.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1990.95	1990.95
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. 06/2004)

3 / 21

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 1 0

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		
(i) Itemized (use Schedule A) .....	3120.00	5700.00
(ii) Unitemized .....	2867.00	12542.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5987.00	18242.00
(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) .....	5987.00	18242.00
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 .....	44.00	444.00
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)) .....	6031.00	18686.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6031.00	18686.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10150.00	20460.00	
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	0.00	
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))..	10150.00	20460.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10150.00	20460.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	5987.00	18242.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5987.00	18242.00
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

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

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.

**C**

Name of Employer  
Blue Cross & Blue Shield  
of AZ

Occupation  
Sr. VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10321

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Teresa Araiza

Mailing Address P.O. Box 13466

City State Zip Code  
 Phoenix AZ 85002-3466

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Blue Cross Blue Shield of  
AZ

Occupation  
Manager, Claims Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10323

Amount of Each Receipt this Period

90.00

**C.**

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.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10472

Amount of Each Receipt this Period

150.00

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

330.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 21

(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)

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 ArizonaOccupation  
VP & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10328

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Cameron Black

Mailing Address P.O. Box 13466

City State Zip Code  
 Phoenix AZ 85002-3466

FEC ID number of contributing federal political committee.

C

Name of Employer  
Blue Cross Blue Shield of  
AZOccupation  
Manager, Treasury

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10334

Amount of Each Receipt this Period

90.00

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 ArizonaOccupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10336

Amount of Each Receipt this Period

150.00

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

390.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 21

(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)

Ms Susan Broadman

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  
Staffing Specialist/EEO Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10341

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Bill Bruno

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  
Small Group Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10342

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Brutlag

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  
V.P.-Underwriting & Actuarial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10343

Amount of Each Receipt this Period

240.00

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

420.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 21

(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)

Sherri Burruss

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSAZ

Occupation  
Actuarial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10481

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Helen Chandler

Mailing Address 2444 W. Las Palmaritas Drive

City

Phoenix

State

AZ

Zip Code

85021

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10346

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas H Dameron

Mailing Address P.O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002-3466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Cross Blue Shield of  
AZ

Occupation  
VP, VP & Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10349

Amount of Each Receipt this Period

120.00

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

420.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 21

(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)

Kathy Dierks

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

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  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10352

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard Hannon

Mailing Address 2444 W. Las Palmaritas Drive

City

Phoenix

State

AZ

Zip Code

85021

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10364

Amount of Each Receipt this Period

150.00

**C.**

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.

C

Name of Employer  
BCBSAZ

Occupation  
vice president

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10369

Amount of Each Receipt this Period

90.00

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

330.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 21

(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)

Sheri Jackson

Mailing Address 2444 W Las Palmaritas

City

Phoenix

State

AZ

Zip Code

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10372

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Marty Laurel

Mailing Address 2444 W. Las Palmaritas Drive

City

Phoenix

State

AZ

Zip Code

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10378

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Vicky McDonald

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10383

Amount of Each Receipt this Period

90.00

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

270.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 21

(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)

elizabeth messina

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSAZ

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10386

Amount of Each Receipt this Period

210.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jody Miller

Mailing Address 2444 W. Las Palmaritas

City

Phoenix

State

AZ

Zip Code

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10388

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Susan Navran

Mailing Address 2444 W. Las Palmaritas

City

Phoenix

State

AZ

Zip Code

85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSAZ

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10393

Amount of Each Receipt this Period

90.00

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

390.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 21

(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)

Adam Rice

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10404

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Deanna Salazar

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSAZ

Occupation  
Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10406

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Semma

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSAZ

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10409

Amount of Each Receipt this Period

90.00

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

330.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 21

(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

Phoenix

State

AZ

Zip Code

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10418

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Neil Eugene Wilson

Mailing Address P.O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002-3466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Cross Blue Shield of  
AZ

Occupation  
Director, Large Group Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.10425

Amount of Each Receipt this Period

150.00

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

240.00

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

3120.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 15 / 21

(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)

Melvin for Senate

Mailing Address 38665 S. Sand Crest Drive

City

Tucson

State

AZ

Zip Code

85739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

44.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Transaction ID: SA16.10475

Amount of Each Receipt this Period

44.00

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

44.00

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

44.00

# **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 16 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)  
2010 General Election Account

Mailing Address 6740 W. Deer Valley Road  
Suite D-107, PMB 205

City Glendale State AZ Zip Code 85310

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.10452

Date of Disbursement

08 / 24 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)  
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.10449

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)  
Committee to Elect Karen Fann

Mailing Address 1565 Plaza West Drive

City Prescott State AZ Zip Code 86303

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Transaction ID: SB23.10434

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

200.00

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

5700.00

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 17 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

**A.**

Full Name (Last, First, Middle Initial)

David Schweikert for Congress

Mailing Address 4110 N. Goldwater Blvd  
Ste 201

City State Zip Code  
Scottsdale AZ 85251

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AZ District: 05

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

**Transaction ID:** SB23.10455

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Doug Ducey for State Treasurer

Mailing Address 6740 W. Deer Valley Road  
Suite D-107, PMB 205

City State Zip Code  
Glendale AZ 85310

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: AZ District:

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

Category/  
Type

**Transaction ID:** SB23.10466

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Elect Justin Olson

Mailing Address 525 N. 38th Street

City State Zip Code  
Mesa AZ 85205

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: AZ District:

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

Category/  
Type

**Transaction ID:** SB23.10459

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**1450.00**

**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 18 / 21

☐ 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

**A.**

Full Name (Last, First, Middle Initial)

Kimberly Yee 2010

Mailing Address P.O. Box 83561

City  
Phoenix

State  
AZ

Zip Code  
85071

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: AZ District:

**Transaction ID:** SB23.10450

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Klein for Senate

Mailing Address 3637 W. Medinah Court

City  
Anthem

State  
AZ

Zip Code  
85086

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: AZ District:

**Transaction ID:** SB23.10462

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Kowalski for House

Mailing Address 39 E. Tam-O-Shanter Drive

City  
Phoenix

State  
AZ

Zip Code  
85022

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: AZ District:

**Transaction ID:** SB23.10432

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

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

600.00

**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)

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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

**A.**

Full Name (Last, First, Middle Initial)

Melvin for Senate

Mailing Address 38665 S. Sand Crest Drive

City Tucson State AZ Zip Code 85739

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: AZ District:

**Transaction ID:** SB23.10430

Date of Disbursement

0  7 /  0  7 /  2  0  1  0

Amount of Each Disbursement this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Quayle for Congress

Mailing Address 4247 N. 44th Street

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 03

**Transaction ID:** SB23.10457

Date of Disbursement

0  9 /  2  9 /  2  0  1  0

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Shawwna Bolick for AZ House

Mailing Address 2539 E Carol Avenue

City Phoenix State AZ Zip Code 85028

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: AZ District:

**Transaction ID:** SB23.10436

Date of Disbursement

0  7 /  2  9 /  2  0  1  0

Amount of Each Disbursement this Period

200.00

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

1100.00

**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 20 / 21

☐ 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

**A.**

Full Name (Last, First, Middle Initial)

Steve Pierce for Senate

Mailing Address 1640 Willow Creek Road

City  
Prescott

State  
AZ

Zip Code  
86301

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

**Transaction ID:** SB23.10443

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

The Committee to Re-Elect Trent Franks

Mailing Address P.O. Box 8105

City  
Glendale

State  
AZ

Zip Code  
85312

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 02

**Transaction ID:** SB23.10429

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Vote Forese

Mailing Address 6836 S. Birdie Way

City  
Gilbert

State  
AZ

Zip Code  
85298

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

**Transaction ID:** SB23.10464

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

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

1100.00

**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 21 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)

www.WendyRogers.org

Mailing Address 3030 S. Rural Road, Ste 104

City State Zip Code  
Tempe AZ 85282

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: AZ

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.10445

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

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

200.00

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

10150.00