

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

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 ▲  
**C** 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 Year-End 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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of AZ

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2016 through 11 / 28 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Abraham, Karen, , Mrs.,  
Type or Print Name of Treasurer

Signature of Treasurer Abraham, Karen, , Mrs., [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="11263.95"/>	<input type="text" value="11263.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="17282.95"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5433.00"/>	<input type="text" value="33652.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="22715.95"/>	<input type="text" value="44915.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2300.00"/>	<input type="text" value="24500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20415.95"/>	<input type="text" value="20415.95"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 20 / 2016 To: M M / D D / Y Y Y Y 11 / 28 / 2016

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).....	4328.00	17184.00
(ii) Unitemized .....	1105.00	16268.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5433.00	33452.00
(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) .....	5433.00	33452.00
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	200.00
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 Transfers (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)).....▶	5433.00	33652.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5433.00	33652.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	0.00	10000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	2300.00	14500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	2300.00	24500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2300.00	24500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5433.00	33452.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5433.00	33452.00
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: (check only one)	PAGE 6 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. Abraham, Karen, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Sr. VP, CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18550**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Abraham, Karen, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Sr. VP, CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18665**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Abraham, Karen, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Sr. VP, CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18768**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Allen, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritras  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Compensation/HR Projects Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18772**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Anderson, Garrett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritras Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Chief Technology Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18555**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Anderson, Garrett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritras Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Chief Technology Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18670**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	92.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Anderson, Garrett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Chief Technology Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18773**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Araiza, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Dir - Claims Regional Offices  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18556**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Araiza, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Dir - Claims Regional Offices  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18671**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> 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: (check only one)	PAGE 9 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Araiza, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Dir - Claims Regional Offices  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18774**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Arthur, William, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) V.P. - Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18557**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Arthur, William, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) V.P. - Finance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18672**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Arthur, William, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) V.P. - Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18775**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Aspery, M.D., Daniel, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18559**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Aspery, M.D., Daniel, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18674**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Aspery, M.D., Daniel, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18777**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Boals, Richard, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18565**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Boals, Richard, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18681**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Boals, Richard, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18783**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Boggs, Michele, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Corporate Training  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18682**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Boggs, Michele, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Corporate Training  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18784**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 13 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. Brutlag, James, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) V.P.-Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18568**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Brutlag, James, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) V.P.-Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18684**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Brutlag, James, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) V.P.-Underwriting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18786**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Contribution to a non federal election campaign

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**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: (check only one)	PAGE 14 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 & Blue Shield of Arizona, Inc.**

**A. Burnham, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11AI.18653**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Burruss, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross & Blue Shield of Ar Occupation (for Individual) Director - Client Implementation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18570**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Burruss, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross & Blue Shield of Ar Occupation (for Individual) Director - Client Implementation  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18686**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 15 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Burruss, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross & Blue Shield of Ar Occupation (for Individual) Director - Client Implementation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18788**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Carr, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Mid Market Sales/Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18687**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Carr, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Mid Market Sales/Support  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18789**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 16 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Chandler, Helen, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr VP Chief Servc Officer/Custmr Srvc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18573**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Chandler, Helen, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr VP Chief Servc Officer/Custmr Srvc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18689**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Chandler, Helen, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr VP Chief Servc Officer/Custmr Srvc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18791**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 17 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Coor, Lattie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11AI.18654**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Davis, Kelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Manager Quality Control  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18692**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Davis, Kelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Manager Quality Control  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18794**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> 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: (check only one)	PAGE 18 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. DiChiara, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Director PCMH Operation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18578**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. DiChiara, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Director PCMH Operation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18694**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. DiChiara, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Director PCMH Operation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18796**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**SUBTOTAL** of Receipts This Page (optional).....▶ 45.00  
**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: (check only one)	PAGE 19 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Dozer, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18655**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Fenstermacher, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross blue Shield of Ariz Occupation (for Individual) Dir - Senior Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18581**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Fenstermacher, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross blue Shield of Ariz Occupation (for Individual) Dir - Senior Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18697**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.00  
**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: (check only one)	PAGE 20 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Fenstermacher, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross blue Shield of Ariz Occupation (for Individual) Dir - Senior Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18799**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Fuller, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Integrated Customer Solutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18698**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Fuller, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Integrated Customer Solutions  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18800**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35.00
<b>TOTAL</b> 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: (check only one)	PAGE 21 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Gades, Terri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85021
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cross Blue Shield of Ariz	Occupation (for Individual) VP - Claims Services
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2016

**Transaction ID : SA11AI.18583**

Amount of Each Receipt this Period  
 12.00

Memo Item  
 Contribution to a non federal election campaign

**B. Gades, Terri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85021
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cross Blue Shield of Ariz	Occupation (for Individual) VP - Claims Services
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2016

**Transaction ID : SA11AI.18699**

Amount of Each Receipt this Period  
 12.00

Memo Item  
 Contribution to a non federal election campaign

**C. Gades, Terri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cross Blue Shield of Ariz	Occupation (for Individual) VP - Claims Services
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 264.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2016

**Transaction ID : SA11AI.18801**

Amount of Each Receipt this Period  
 12.00

Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	36.00
<b>TOTAL</b> 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: (check only one)	PAGE 22 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. Gibson, Sandy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSAZ Occupation (for Individual) Executive VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18585**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Gibson, Sandy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSAZ Occupation (for Individual) Executive VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18701**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Gibson, Sandy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSAZ Occupation (for Individual) Executive VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18803**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> 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: (check only one)	PAGE 23 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Hogan, Christopher, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) V.P. Pharmacy Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18708**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Hogan, Christopher, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) V.P. Pharmacy Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18810**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Huskey, Cathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Federal Employee Program  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18710**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> 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: (check only one)	PAGE 24 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Huskey, Cathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Federal Employee Program  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18812**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Jackson, Sheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Health Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18595**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Jackson, Sheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Health Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18711**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> 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: (check only one)	PAGE 25 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Jackson, Sheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Health Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18813**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Jhaveri, Vishu, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr. VP - CMO, Health Svcs, Ntwk Mgm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18596**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Jhaveri, Vishu, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr. VP - CMO, Health Svcs, Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18712**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> 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: (check only one)	PAGE 26 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Jhaveri, Vishu, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr. VP - CMO, Health Svcs, Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18814**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Kaufman, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18597**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Kaufman, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP, Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18713**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> 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: (check only one)	PAGE 27 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Kaufman, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP, Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18815**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Kelley, Kim., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Dir Clinical Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18599**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Kelley, Kim., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Dir Clinical Pharmacist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18715**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**SUBTOTAL** of Receipts This Page (optional).....▶ 50.00  
**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: (check only one)	PAGE 28 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Kelley, Kim., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Dir Clinical Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18817**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Kimball, Molly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City PHOENIX State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Strategy and Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18601**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Kimball, Molly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City PHOENIX State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Strategy and Research  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18717**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**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: (check only one)	PAGE 29 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Kimball, Molly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City PHOENIX State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Strategy and Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18819**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Lambrecht, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr Mgr - Process & Adjud Sys  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18718**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Lambrecht, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr Mgr - Process & Adjud Sys  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18820**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**SUBTOTAL** of Receipts This Page (optional).....▶ 35.00  
**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: (check only one)	PAGE 30 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Mack, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir Actuarial Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18603**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Mack, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir Actuarial Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18719**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Mack, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir Actuarial Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18821**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 31 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Mandrola, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Large Group Sales/Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18604**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Mandrola, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Large Group Sales/Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18720**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Mandrola, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Large Group Sales/Support  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18822**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 32 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. Mason, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - CCSA & Quality Assurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18722**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Mason, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - CCSA & Quality Assurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18824**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Mattson, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Indiv/SG Sales & Support  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18607**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35.00
<b>TOTAL</b> 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: (check only one)	PAGE 33 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. Mattson, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Indiv/SG Sales & Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18723**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Mattson, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Indiv/SG Sales & Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18825**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Mauser, Robyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Application Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18724**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**SUBTOTAL** of Receipts This Page (optional).....▶ 40.00  
**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: (check only one)	PAGE 34 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. Mauser, Robyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Application Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18826**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Mentz, Jody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Director, ICS Production Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18610**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Mentz, Jody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Director, ICS Production Support  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18726**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> 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: (check only one)	PAGE 35 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Mentz, Jody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Director, ICS Production Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18828**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Messina, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr VP CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18611**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Messina, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr VP CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18727**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> 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: (check only one)	PAGE 36 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Messina, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr VP CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18829**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Messner, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Prod Mgmt and Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18612**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Messner, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Prod Mgmt and Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18728**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> 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: (check only one)	PAGE 37 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. Messner, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Prod Mgmt and Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18830**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Meyer, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Special Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18613**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Meyer, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Special Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18729**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

**SUBTOTAL** of Receipts This Page (optional).....▶ 55.00  
**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: (check only one)	PAGE 38 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Meyer, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Special Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18831**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Montgomery, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18614**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Montgomery, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Informatics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18730**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> 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: (check only one)	PAGE 39 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. Montgomery, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18832**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Montoya, Marcus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Provider Network Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18616**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Montoya, Marcus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Provider Network Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18732**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> 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: (check only one)	PAGE 40 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. Montoya, Marcus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Provider Network Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18834**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Napoli, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Sr Med Dir, PProv/Care Trn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18618**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Napoli, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Sr Med Dir, PProv/Care Trn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18734**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**SUBTOTAL** of Receipts This Page (optional).....▶ 55.00  
**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: (check only one)	PAGE 41 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. Napoli, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Sr Med Dir, PProv/Care Trn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18836**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Nash, Susan, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) V.P.- BlueCard Admn & Medicare Prg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18619**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Nash, Susan, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) V.P.- BlueCard Admn & Medicare Prg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18735**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Contribution to a non federal election campaign

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 42 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. Nash, Susan, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85021
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cross Blue Shield of Ariz	Occupation (for Individual) V.P.- BlueCard Admn & Medicare Prg
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2016

**Transaction ID : SA11AI.18837**

Amount of Each Receipt this Period  
30.00

Memo Item  
Contribution to a non federal election campaign

**B. O'Reilly, Marty, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cross Blue Shield of Ariz	Occupation (for Individual) Dir - Operational Excellence
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2016

**Transaction ID : SA11AI.18621**

Amount of Each Receipt this Period  
15.00

Memo Item  
Contribution to a non federal election campaign

**C. O'Reilly, Marty, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cross Blue Shield of Ariz	Occupation (for Individual) Dir - Operational Excellence
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2016

**Transaction ID : SA11AI.18737**

Amount of Each Receipt this Period  
15.00

Memo Item  
Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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: (check only one)	PAGE 43 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. O'Reilly, Marty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Operational Excellence  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18839**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Olvey, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Enrollment  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18738**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Olvey, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Enrollment  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18840**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35.00
<b>TOTAL</b> 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: (check only one)	PAGE 44 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Papp, Harry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18656**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Parsons, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - PR & Corp Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18623**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Parsons, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - PR & Corp Communications  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18739**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<b>TOTAL</b> 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: (check only one)	PAGE 45 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Parsons, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - PR & Corp Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18841**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Ratti, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Applications Sys Analyst IV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18741**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Ratti, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Applications Sys Analyst IV  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18843**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35.00
<b>TOTAL</b> 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: (check only one)	PAGE 46 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Salazar, Deanna, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cross Blue Shield of Ariz	Occupation (for Individual) Sr. VP - General Counsel
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2016

**Transaction ID : SA11AI.18628**

Amount of Each Receipt this Period  
40.00

Memo Item  
Contribution to a non federal election campaign

**B. Salazar, Deanna, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cross Blue Shield of Ariz	Occupation (for Individual) Sr. VP - General Counsel
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2016

**Transaction ID : SA11AI.18744**

Amount of Each Receipt this Period  
40.00

Memo Item  
Contribution to a non federal election campaign

**C. Salazar, Deanna, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cross Blue Shield of Ariz	Occupation (for Individual) Sr. VP - General Counsel
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
880.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2016

**Transaction ID : SA11AI.18846**

Amount of Each Receipt this Period  
40.00

Memo Item  
Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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: (check only one)	PAGE 47 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Semma, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Corporate Integrity  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18629**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Semma, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Corporate Integrity  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18745**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Semma, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Corporate Integrity  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18847**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 48 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Sowell, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP Operational Excellence  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18633**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Sowell, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP Operational Excellence  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18749**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Sowell, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP Operational Excellence  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18851**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 49 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. Stelnik, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr. VP - Strategy/Sales/Mrktng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18636**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Stelnik, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr. VP - Strategy/Sales/Mrktng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18752**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Stelnik, Jeff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Sr. VP - Strategy/Sales/Mrktng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18854**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> 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: (check only one)	PAGE 50 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Stone, Deidra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Director, Claims Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18637**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Stone, Deidra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Director, Claims Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18753**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Stone, Deidra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Director, Claims Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18855**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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: (check only one)	PAGE 51 OF 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Stuckey, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Director Production Support Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18638**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Stuckey, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Director Production Support Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18754**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Stuckey, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Director Production Support Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18856**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 52 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Thompson, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Manager Healthcare Economics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18756**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Thompson, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of AZ Occupation (for Individual) Manager Healthcare Economics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18858**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Tilton, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18641**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 53 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 Blue Cross & Blue Shield of Arizona, Inc.**

**A. Tilton, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18757**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Tilton, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18859**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Trujillo, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18657**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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: (check only one)	PAGE 54 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Tucker, Su, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Sheild of Ariz Occupation (for Individual) Director - Prov Network Rel & Contr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18644**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Tucker, Su, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Sheild of Ariz Occupation (for Individual) Director - Prov Network Rel & Contr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18760**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Tucker, Su, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Sheild of Ariz Occupation (for Individual) Director - Prov Network Rel & Contr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18864**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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: (check only one)	PAGE 55 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Walls, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Med Mgmt, Wellness, HS Inv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18763**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Walls, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Med Mgmt, Wellness, HS Inv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18867**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Wandoloski, Matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Strategy & Informatics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18648**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> 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: (check only one)	PAGE 56 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Wandoloski, Matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Strategy & Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18764**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Wandoloski, Matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) VP - Strategy & Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18868**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Washington, Alton, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11AI.18658**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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: (check only one)	PAGE 57 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Wells, Greg, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cross Blue Shield of Ariz	Occupation (for Individual) VP - HR & Employee Development
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2016

**Transaction ID : SA11AI.18650**

Amount of Each Receipt this Period  
25.00

Memo Item  
Contribution to a non federal election campaign

**B. Wells, Greg, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cross Blue Shield of Ariz	Occupation (for Individual) VP - HR & Employee Development
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2016

**Transaction ID : SA11AI.18766**

Amount of Each Receipt this Period  
25.00

Memo Item  
Contribution to a non federal election campaign

**C. Wells, Greg, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 W. Las Palmaritas Dr

City Phoenix	State AZ	Zip Code 85021
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blue Cross Blue Shield of Ariz	Occupation (for Individual) VP - HR & Employee Development
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2016

**Transaction ID : SA11AI.18870**

Amount of Each Receipt this Period  
25.00

Memo Item  
Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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: (check only one)	PAGE 58 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.**

**A. Winkler, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Healthcare Economics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.18651**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**B. Winkler, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Healthcare Economics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.18767**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

**C. Winkler, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2444 W. Las Palmaritas Dr  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield of Ariz Occupation (for Individual) Dir - Healthcare Economics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.18871**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Contribution to a non federal election campaign

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	4328.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Biggs for Congress**

Mailing Address 228 S. Washington Street, Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution to a federal election campaign

011  
Category/  
Type

Candidate Name  
**Biggs for Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2016

FEC Identification Number

C  
Transaction ID : SB29.18662  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Brnovich, Mark, , ,**

Mailing Address c/o Kurt Davis  
300 W. Clarendon Ave Ste 460

City Phoenix State AZ Zip Code 85013

Purpose of Disbursement  
Contribution to a non federal election campaign

011  
Category/  
Type

Candidate Name  
**Mark for Arizona**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2016

FEC Identification Number

C  
Transaction ID : SB29.18876  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Daniel for Arizona**

Mailing Address 1078 E. Irvington Road

City Tucson State AZ Zip Code 85714

Purpose of Disbursement  
Contribution to a non federal election campaign

011  
Category/  
Type

Candidate Name  
**Daniel for Arizona**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2016

FEC Identification Number

C  
Transaction ID : SB29.18659  
Amount of Each Disbursement this Period  
300.00

Memo Item

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

2300.00

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

2300.00