

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 BCBSAZ

ADDRESS (number and street) P.O. Box 13466 Check if different than previously reported. (ACC) Phoenix AZ 85002

2. FEC IDENTIFICATION NUMBER C C00215202 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 01 / 2011 through 12 / 31 / 2011

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

Type or Print Name of Treasurer Ms Kathryn Baker

Signature of Treasurer Ms Kathryn Baker [Electronically Filed] Date 01 / 27 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

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="2011"/>	<input type="text" value="1771.95"/>	<input type="text" value="1771.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2844.95"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7498.00"/>	<input type="text" value="23971.00"/>
(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="10342.95"/>	<input type="text" value="25742.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7774.00"/>	<input type="text" value="23174.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2568.95"/>	<input type="text" value="2568.95"/>
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

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of BCBSAZ

Report Covering the Period: From: 10 / 01 / 2011 To: 12 / 31 / 2011

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).....	4940.00	9615.00
(ii) Unitemized .....	2558.00	14356.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7498.00	23971.00
(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) .....	7498.00	23971.00
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	0.00
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))..... ▶	7498.00	23971.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7498.00	23971.00

**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.....	7774.00	23174.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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)) ..	7774.00	23174.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7774.00	23174.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7498.00	23971.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7498.00	23971.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of BCBSAZ**

**A. Mrs. Karen Abraham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2444 W. Las Palmaritas Drive  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Cross & Blue Shield of AZ Occupation Sr. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 12 / 15 / 2011  
**Transaction ID : SA11AI.11296**  
 Amount of Each Receipt this Period 140.00

**B. Teresa Araiza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 13466  
 City Phoenix State AZ Zip Code 85002-3466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Cross Blue Shield of AZ Occupation Manager, Claims Customer Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 12 / 15 / 2011  
**Transaction ID : SA11AI.11298**  
 Amount of Each Receipt this Period 115.00

**C. Mr. William Arthur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2444 W. Las Palmaritas  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSAZ Occupation V.P.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 15 / 2011  
**Transaction ID : SA11AI.11299**  
 Amount of Each Receipt this Period 90.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 345.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 28  
(check only one)

<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 BCBSAZ**

Full Name (Last, First, Middle Initial)  
**A. Daniel Aspery**

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix	State AZ	Zip Code 85002
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FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSAZ	Occupation vice president
----------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

**Transaction ID : SA11AI.11300**

Amount of Each Receipt this Period  

100.00
--------

Full Name (Last, First, Middle Initial)  
**B. Ms Kathryn Baker**

Mailing Address 2444 W. Las Palmaritas Drive

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

Name of Employer Blue Cross & Blue Shield of Arizona	Occupation VP & Treasurer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

**Transaction ID : SA11AI.11302**

Amount of Each Receipt this Period  

200.00
--------

Full Name (Last, First, Middle Initial)  
**C. Nancy Barrette**

Mailing Address P.O. Box 13466

City Phoenix	State AZ	Zip Code 85002
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FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSAZ	Occupation
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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
12	/	15	/	2011

**Transaction ID : SA11AI.11303**

Amount of Each Receipt this Period  

60.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>360.00</b>
<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: PAGE 8 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)  
**A. Cindy M Bell**

Mailing Address P.O. Box 13466

City State Zip Code  
 Phoenix AZ 85002-3466

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

Name of Employer Occupation  
 Blue Cross Blue Shield of AZ Director, E-Solutions

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  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11305**

Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**B. Cameron Black**

Mailing Address P.O. Box 13466

City State Zip Code  
 Phoenix AZ 85002-3466

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

Name of Employer Occupation  
 Blue Cross Blue Shield of AZ Director, Treasury

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11308**

Amount of Each Receipt this Period  
 90.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Richard Boals**

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code  
 Phoenix AZ 85021

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

Name of Employer Occupation  
 Blue Cross & Blue Shield of Arizona President & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11311**

Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 BCBSAZ**

**A. Ms Susan Broadman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2444 W. Las Palmaritas Drive

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

Name of Employer Blue Cross & Blue Shield of Arizona	Occupation Staffing Specialist/EEO Coordinator
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

**Transaction ID : SA11Al.11314**

Amount of Each Receipt this Period  

90.00
-------

**B. Bill Bruno**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 13466

City Phoenix	State AZ	Zip Code 85002
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FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSAZ	Occupation Small Group Account Manager
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

**Transaction ID : SA11Al.11315**

Amount of Each Receipt this Period  

90.00
-------

**C. Mr. James Brutlag**  
Full Name (Last, First, Middle Initial)

Mailing Address 2444 W. Las Palmaritas Drive

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

Name of Employer Blue Cross & Blue Shield of Arizona	Occupation V.P.-Underwriting & Actuarial Services
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

**Transaction ID : SA11Al.11316**

Amount of Each Receipt this Period  

240.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>420.00</b>
<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:	PAGE 10 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 BCBSAZ**

Full Name (Last, First, Middle Initial) <b>A. Sherri Burruss</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2011
Mailing Address P. O. Box 13466		<b>Transaction ID : SA11AI.11317</b>
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer BCBSAZ	Occupation Actuarial	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Helen Chandler</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2011
Mailing Address 2444 W. Las Palmaritas Drive		<b>Transaction ID : SA11AI.11323</b>
City Phoenix	State AZ	Zip Code 85021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Blue Cross & Blue Shield of Arizona	Occupation Sr. V.P.-Claims & Federal Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Kathy Dierks</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2011
Mailing Address P. O. Box 13466		<b>Transaction ID : SA11AI.11330</b>
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer BCBSAZ	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.00
<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 28
	<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	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)  
**A. Gerry Farmer**

Mailing Address P. O. Box 13466

City Phoenix State AZ Zip Code 85002

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

Name of Employer BCBSAZ Occupation V.P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 15 / 2011**

**Transaction ID : SA11AI.11333**

Amount of Each Receipt this Period  
**110.00**

Full Name (Last, First, Middle Initial)  
**B. Terri Gades**

Mailing Address P. O. Box 13466

City Phoenix State AZ Zip Code 85002

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

Name of Employer BCBSAZ Occupation director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 15 / 2011**

**Transaction ID : SA11AI.11335**

Amount of Each Receipt this Period  
**70.00**

Full Name (Last, First, Middle Initial)  
**C. sandy gibson**

Mailing Address P. O. Box 13466

City Phoenix State AZ Zip Code 85002

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

Name of Employer BCBSAZ Occupation vice president

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 15 / 2011**

**Transaction ID : SA11AI.11336**

Amount of Each Receipt this Period  
**180.00**

**SUBTOTAL** of Receipts This Page (optional)..... **360.00**

**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 28
	<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	

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of BCBSAZ**

**A. Mr. Christopher Hogan**  
Full Name (Last, First, Middle Initial)

Mailing Address 2444 W. Las Palmaritas Drive

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

Name of Employer BCBSAZ	Occupation V.P.
----------------------------	--------------------

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
12	/	15	/	2011

**Transaction ID : SA11Al.11343**

Amount of Each Receipt this Period  
60.00

**B. Cathy Huskey**  
Full Name (Last, First, Middle Initial)

Mailing Address 2444 West Las Palmaritas Drive

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

Name of Employer BCBSAZ	Occupation director
----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

**Transaction ID : SA11Al.11345**

Amount of Each Receipt this Period  
60.00

**C. Bonnie Irwin**  
Full Name (Last, First, Middle Initial)

Mailing Address 2444 W. Las Palmaritas

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

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

Name of Employer BCBSAZ	Occupation vice president
----------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

**Transaction ID : SA11Al.11346**

Amount of Each Receipt this Period  
90.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<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 28
	<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

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

NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of BCBSAZ**

**A. Sheri Jackson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2444 W Las Palmaritas

City Phoenix State AZ Zip Code 85021

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

Name of Employer BCBSAZ Occupation vice president

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11348**

Amount of Each Receipt this Period  
 90.00

**B. Ms Mary Sue Jacobs**  
Full Name (Last, First, Middle Initial)

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix State AZ Zip Code 85021

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

Name of Employer Blue Cross & Blue Shield of Arizona Occupation Sr. Tech. Support Analyst

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  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11347**

Amount of Each Receipt this Period  
 60.00

**C. K. A. Kelley**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 13466

City Phoenix State AZ Zip Code 85002

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

Name of Employer Blue Cross Blue Shield of AZ Occupation Director, Pharmacy Benefits Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11351**

Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)  
**A. Marty Laurel**

Mailing Address 2444 W. Las Palmaritas Drive

City Phoenix State AZ Zip Code 85021

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

Name of Employer BCBSAZ Occupation vice president

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11355**

Amount of Each Receipt this Period  
**115.00**

Full Name (Last, First, Middle Initial)  
**B. Vicky McDonald**

Mailing Address P. O. Box 13466

City Phoenix State AZ Zip Code 85002

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

Name of Employer BCBSAZ Occupation vice president

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11368**

Amount of Each Receipt this Period  
**90.00**

Full Name (Last, First, Middle Initial)  
**C. Susan Meitz**

Mailing Address P. O. Box 13466

City Phoenix State AZ Zip Code 85002

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

Name of Employer BCBSAZ Occupation manager

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  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11369**

Amount of Each Receipt this Period  
**60.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **265.00**

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

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

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

FOR LINE NUMBER: PAGE 15 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of BCBSAZ**

**A. elizabeth messina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 13466  
 City Phoenix State AZ Zip Code 85002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSAZ Occupation SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11370**  
 Amount of Each Receipt this Period  
 210.00

**B. laura meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 13466  
 City Phoenix State AZ Zip Code 85002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSAZ Occupation Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11371**  
 Amount of Each Receipt this Period  
 110.00

**C. Mrs. Jody Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2444 W. Las Palmaritas  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSAZ Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11372**  
 Amount of Each Receipt this Period  
 90.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 410.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 BCBSAZ**

**A. Mrs. Susan Nash**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2444 W. Las Palmaritas Drive  
City Phoenix State AZ Zip Code 85021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Blue Cross & Blue Shield of Arizona Occupation V.P.-Federal Programs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt 12 / 15 / 2011  
**Transaction ID : SA11AI.11380**  
Amount of Each Receipt this Period 160.00

**B. Mrs. Susan Navran**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2444 W. Las Palmaritas  
City Phoenix State AZ Zip Code 85021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSAZ Occupation Executive V.P.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 410.00

Date of Receipt 12 / 15 / 2011  
**Transaction ID : SA11AI.11381**  
Amount of Each Receipt this Period 140.00

**c. Marty O'Reilly**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 13466  
City Phoenix State AZ Zip Code 85002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSAZ Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 15 / 2011  
**Transaction ID : SA11AI.11383**  
Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 360.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 17 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)  
**A. Pam Ray**

Mailing Address 2444 W. Las Palmaritas

City State Zip Code  
 Phoenix AZ 85021

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

Name of Employer Occupation  
 BCBSAZ vice president

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  
 12 / 15 / 2011

**Transaction ID : SA11AI.11391**

Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**B. Adam Rice**

Mailing Address P. O. Box 13466

City State Zip Code  
 Phoenix AZ 85002

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

Name of Employer Occupation  
 BCBSAZ director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011

**Transaction ID : SA11AI.11394**

Amount of Each Receipt this Period  
 90.00

Full Name (Last, First, Middle Initial)  
**C. Deanna Salazar**

Mailing Address P. O. Box 13466

City State Zip Code  
 Phoenix AZ 85002

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

Name of Employer Occupation  
 BCBSAZ Sr. Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 615.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011

**Transaction ID : SA11AI.11395**

Amount of Each Receipt this Period  
 165.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **315.00**

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

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

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

FOR LINE NUMBER: PAGE 18 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)  
**A. Mary Semma**

Mailing Address P. O. Box 13466

City State Zip Code  
 Phoenix AZ 85002

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

Name of Employer Occupation  
 BCBSAZ VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11398**

Amount of Each Receipt this Period  
 150.00

Full Name (Last, First, Middle Initial)  
**B. Scott Sowell**

Mailing Address P O Box 13466

City State Zip Code  
 Phoenix AZ 85002

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

Name of Employer Occupation  
 BCBSAZ Director

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  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11409**

Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**C. Deidra Stone**

Mailing Address P.O. Box 13466

City State Zip Code  
 Phoenix AZ 85002-3466

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

Name of Employer Occupation  
 Blue Cross Blue Shield of AZ Director, Claims Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11410**

Amount of Each Receipt this Period  
 85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)  
**A. Rebecca Thompson**  
 Mailing Address P.O. Box 13466  
 City State Zip Code  
 Phoenix AZ 85002-3466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Blue Cross Blue Shield of AZ Manager, Business Informatics  
 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  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11412**  
 Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**B. Su Tucker**  
 Mailing Address P. O. Box 13466  
 City State Zip Code  
 Phoenix AZ 85002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BCBSAZ Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11413**  
 Amount of Each Receipt this Period  
 90.00

Full Name (Last, First, Middle Initial)  
**C. Neil Eugene Wilson**  
 Mailing Address P.O. Box 13466  
 City State Zip Code  
 Phoenix AZ 85002-3466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Blue Cross Blue Shield of AZ Director, Large Group Sales  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11423**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Healthy Government Committee-The Political Action Committee of BCBSAZ**

**A. Rachel Winkler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 13466  
 City Phoenix State AZ Zip Code 85002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSAZ Occupation Senior Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.11424**  
 Amount of Each Receipt this Period  
 60.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4940.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)

**A. Anna Tovar House Campaign 2012**

Mailing Address P. O. Box 518

City Tolleson State AZ Zip Code 85353

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011

**Transaction ID : SB23.11467**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. BluePac**

Mailing Address 1310 G Street, N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2011

**Transaction ID : SB23.11446**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Nancy McLain**

Mailing Address 1706 E. Marble Canyn Drive

City Bullhead City State AZ Zip Code 86442

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2011

**Transaction ID : SB23.11439**

Amount of Each Disbursement this Period

424.00

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

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

3674.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)

**A. Don Shooter for State Senate**

Mailing Address 1341 W. 17th Place

City Yuma State AZ Zip Code 85364

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2011

**Transaction ID : SB23.11449**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Elect Eric Meyer**

Mailing Address 7765 N. Foothill Drive S

City Paradise Valley State AZ Zip Code 85253

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2011

**Transaction ID : SB23.11462**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Elect Justin Olson**

Mailing Address 525 N. 38th Street

City Mesa State AZ Zip Code 85205

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2011

**Transaction ID : SB23.11434**

Amount of Each Disbursement this Period

200.00

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

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

600.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)

**A. Elect Rich Crandall**

Mailing Address P.O. Box 31990

City Mesa State AZ Zip Code 85275

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2011

**Transaction ID : SB23.11464**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Frank Pratt 2012**

Mailing Address 112 E. Cottonwood Lane

City Casa Grande State AZ Zip Code 85122

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2011

**Transaction ID : SB23.11444**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Friends of Adam Driggs**

Mailing Address 4231 E. Clarendon

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2011

**Transaction ID : SB23.11463**

Amount of Each Disbursement this Period

200.00

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

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

600.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)

**A. Friends of Jeff Dial 2012**

Mailing Address 2936 W. Gregg Drive

City Chandler State AZ Zip Code 85224

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2011

**Transaction ID : SB23.11436**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Friends of Ruben Gallego**

Mailing Address 101 N. 7th Street, Unit 103

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2011

**Transaction ID : SB23.11461**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Heinz for Arizona**

Mailing Address P. O. Box 2574

City Tucson State AZ Zip Code 85702

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2011

**Transaction ID : SB23.11457**

Amount of Each Disbursement this Period

200.00

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

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

600.00



**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)

**A. Hobbs 2012**

Mailing Address P. O. Box 15642

City Phoenix State AZ Zip Code 85060

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AZ District: 15

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		20		2011

**Transaction ID : SB23.11455**

Amount of Each Disbursement this Period

200.00
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Full Name (Last, First, Middle Initial)

**B. Karen Fann 2012**

Mailing Address 5691 Hole-in-One Drive

City Prescott State AZ Zip Code 86301

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2011

**Transaction ID : SB23.11442**

Amount of Each Disbursement this Period

200.00
--------

Full Name (Last, First, Middle Initial)

**C. Keep Kavanagh**

Mailing Address 16038 E. Seminole Lane

City Fountain Hills State AZ Zip Code 85268

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2011

**Transaction ID : SB23.11447**

Amount of Each Disbursement this Period

200.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

600.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)

**A. Kimberly Yee 2012**

Mailing Address P. O. Box 83561

City Phoenix State AZ Zip Code 85071

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2011

**Transaction ID : SB23.11465**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Kimberly Yee for Arizona**

Mailing Address 917 W. McDowell Road

City Phoenix State AZ Zip Code 85007

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2011

**Transaction ID : SB23.11432**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Lela Alston 2012**

Mailing Address 69 W. Willetta Street

City Phoenix State AZ Zip Code 85003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2011

**Transaction ID : SB23.11459**

Amount of Each Disbursement this Period

200.00

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

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

600.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)

**A. NRCC**

Mailing Address c/o Oliver Schwab  
115 N. Lee Street, #202

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2011

**Transaction ID : SB23.11453**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Russ Jones 2012**

Mailing Address 3644 W. Brandi Lane

City Yuma State AZ Zip Code 85364

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2011

**Transaction ID : SB23.11440**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. The Committee to Elect Steve Urie**

Mailing Address 935 N. Tucana Lane

City Gilbert State AZ Zip Code 85234

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AZ District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2011

**Transaction ID : SB23.11438**

Amount of Each Disbursement this Period

200.00

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

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

900.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthy Government Committee-The Political Action Committee of BCBSAZ**

Full Name (Last, First, Middle Initial)

**A. Vote Rick Gray**

Mailing Address 9521 W. Cedar Hill Circle

City Sun City State AZ Zip Code 85351

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AZ District: 09

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2011			

**Transaction ID : SB23.11451**

Amount of Each Disbursement this Period

200.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

200.00
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7774.00
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