

# 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 ▼ 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)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:
 

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

 Election on [MM] / [DD] / [YYYY] in the State of [ ]

(d) 30-Day POST-Election Report for the:
 

- General (30G)
- Runoff (30R)
- Special (30S)

 Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [07] / [01] / [2011] through [09] / [30] / [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 10 / 13 / 2011

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)

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"/>		1771.95
(b) Cash on Hand at Beginning of Reporting Period.....	1221.95	
(c) Total Receipts (from Line 19) .....	5323.00	16473.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6544.95	18244.95
7. Total Disbursements (from Line 31).....	3700.00	15400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2844.95	2844.95
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

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).....	2725.00	4675.00
(ii) Unitemized .....	2598.00	11798.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5323.00	16473.00
(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) .....	5323.00	16473.00
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))..... ▶	5323.00	16473.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5323.00	16473.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	3700.00	15400.00
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)) ..	3700.00	15400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3700.00	15400.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	5323.00	16473.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5323.00	16473.00
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 14  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mrs. Karen Abraham**

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code  
 Phoenix AZ 85021

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

Name of Employer Occupation  
 Blue Cross & Blue Shield of AZ Sr. VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 09 / 22 / 2011  
**Transaction ID : SA11AI.11166**

Amount of Each Receipt this Period  
 90.00

Full Name (Last, First, Middle Initial)  
**B. Teresa Araiza**

Mailing Address P.O. Box 13466

City State Zip Code  
 Phoenix AZ 85002-3466

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

Name of Employer Occupation  
 Blue Cross Blue Shield of AZ Manager, Claims Customer Service

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 09 / 22 / 2011  
**Transaction ID : SA11AI.11170**

Amount of Each Receipt this Period  
 90.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Tony Astorga**

Mailing Address P.O. Box 13466

City State Zip Code  
 Phoenix AZ 85002

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

Name of Employer Occupation  
 Blue Cross & Blue Shield of AZ Sr. V.P.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 09 / 22 / 2011  
**Transaction ID : SA11AI.11172**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.00

**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 7 OF 14
	<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. Ms Kathryn Baker**  
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 VP & Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 22 / 2011  
**Transaction ID : SA11AI.11174**

Amount of Each Receipt this Period 150.00

**B. Cameron Black**  
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 Director, Treasury

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 22 / 2011  
**Transaction ID : SA11AI.11179**

Amount of Each Receipt this Period 90.00

**C. Mr. Richard Boals**  
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 President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 22 / 2011  
**Transaction ID : SA11AI.11182**

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 390.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Cross & Blue Shield of Arizona Occupation Staffing Specialist/EEO Coordinator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt  
 09 / 22 / 2011  
**Transaction ID : SA11AI.11185**  
 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSAZ Occupation Small Group Account Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt  
 09 / 22 / 2011  
**Transaction ID : SA11AI.11186**  
 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Cross & Blue Shield of Arizona Occupation V.P.-Underwriting & Actuarial Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **720.00**

Date of Receipt  
 09 / 22 / 2011  
**Transaction ID : SA11AI.11187**  
 Amount of Each Receipt this Period  
**240.00**

**SUBTOTAL** of Receipts This Page (optional)..... **420.00**  
**TOTAL** This Period (last page this line number only).....



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

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

FOR LINE NUMBER: PAGE 9 OF 14  
(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. Sherri Burruss**  
 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 Actuarial  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2011  
**Transaction ID : SA11AI.11188**  
 Amount of Each Receipt this Period  
 150.00

**B. Mrs. Helen Chandler**  
 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. V.P.-Claims & Federal Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2011  
**Transaction ID : SA11AI.11190**  
 Amount of Each Receipt this Period  
 150.00

**C. Kathy Dierks**  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2011  
**Transaction ID : SA11AI.11195**  
 Amount of Each Receipt this Period  
 90.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 390.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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**

Full Name (Last, First, Middle Initial) <b>A. Bonnie Irwin</b>		Date of Receipt
Mailing Address 2444 W. Las Palmaritas		MM / DD / YYYY 09 / 22 / 2011
City Phoenix	State AZ	Zip Code 85021
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.11212</b>
Name of Employer BCBSAZ		Amount of Each Receipt this Period
Occupation vice president		90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Sheri Jackson</b>		Date of Receipt
Mailing Address 2444 W Las Palmaritas		MM / DD / YYYY 09 / 22 / 2011
City Phoenix	State AZ	Zip Code 85021
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.11214</b>
Name of Employer BCBSAZ		Amount of Each Receipt this Period
Occupation vice president		90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. Marty Laurel</b>		Date of Receipt
Mailing Address 2444 W. Las Palmaritas Drive		MM / DD / YYYY 09 / 22 / 2011
City Phoenix	State AZ	Zip Code 85021
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.11221</b>
Name of Employer BCBSAZ		Amount of Each Receipt this Period
Occupation vice president		90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<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: PAGE 11 OF 14  
(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. Vicky McDonald**

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 vice president

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
09 / 22 / 2011  
**Transaction ID : SA11AI.11227**

Amount of Each Receipt this Period  
90.00

Full Name (Last, First, Middle Initial)  
**B. elizabeth messina**

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 SVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  
09 / 22 / 2011  
**Transaction ID : SA11AI.11229**

Amount of Each Receipt this Period  
210.00

Full Name (Last, First, Middle Initial)  
**C. Mrs. Jody Miller**

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 Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
09 / 22 / 2011  
**Transaction ID : SA11AI.11231**

Amount of Each Receipt this Period  
90.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 390.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 14
<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) <b>A. Mrs. Susan Navran</b>		Date of Receipt MM / DD / YYYY 09 / 22 / 2011 <b>Transaction ID : SA11AI.11236</b>
Mailing Address 2444 W. Las Palmaritas		Amount of Each Receipt this Period 90.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Adam Rice</b>		Date of Receipt MM / DD / YYYY 09 / 22 / 2011 <b>Transaction ID : SA11AI.11246</b>
Mailing Address P. O. Box 13466		Amount of Each Receipt this Period 90.00
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. C		
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 ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. Deanna Salazar</b>		Date of Receipt MM / DD / YYYY 09 / 22 / 2011 <b>Transaction ID : SA11AI.11247</b>
Mailing Address P. O. Box 13466		Amount of Each Receipt this Period 150.00
City Phoenix	State AZ	Zip Code 85002
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSAZ	Occupation Sr. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<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 13 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 Phoenix State AZ Zip Code 85002

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

Name of Employer BCBSAZ Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 09 / 22 / 2011  
**Transaction ID : SA11AI.11250**

Amount of Each Receipt this Period  
**90.00**

Full Name (Last, First, Middle Initial)  
**B. Su Tucker**

Mailing Address P. O. Box 13466

City Phoenix State AZ Zip Code 85002

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

Name of Employer BCBSAZ Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 09 / 22 / 2011  
**Transaction ID : SA11AI.11259**

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 Phoenix State AZ Zip Code 85002-3466

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

Name of Employer Blue Cross Blue Shield of AZ Occupation Director, Large Group Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 09 / 22 / 2011  
**Transaction ID : SA11AI.11263**

Amount of Each Receipt this Period  
**150.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>330.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2725.00</b>

**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

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**

Full Name (Last, First, Middle Initial)

**A. ARIZONA REPUBLICAN PARTY**

Mailing Address 3501 NORTH 24TH STREET

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2011

Transaction ID : SB23.11287

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. QUAYLE FOR CONGRESS**

Mailing Address 1010 N. 2nd Avenue,, 425C

City PHOENIX State AZ Zip Code 85003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: AZ District: 03

Disbursement For: 2012  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2011

Transaction ID : SB23.11278

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. SCHWEIKERT FOR CONGRESS**

Mailing Address 8776 E SHEA BLVD, SUITE B3A-626

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: AZ District: 05

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2011

Transaction ID : SB23.11274

Amount of Each Disbursement this Period

2000.00

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

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

3700.00

3700.00