

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

ADDRESS (number and street) 16010 N. 28th Avenue Check if different than previously reported. (ACC) Phoenix AZ 85053

2. FEC IDENTIFICATION NUMBER C00459743 3. IS THIS REPORT 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 Report, 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, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 23 2010 through 12 31 2010

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

Type or Print Name of Treasurer William Cahill

Signature of Treasurer Electronically Filed by William Cahill Date 01 05 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.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		34103.38
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	45853.96									
(c) Total Receipts (from Line 19)	3970.38	34670.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49824.34	68774.34								
7. Total Disbursements (from Line 31)	1000.00	19950.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48824.34	48824.34								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3890.38	33686.58
(ii) Unitemized	80.00	984.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3970.38	34670.96
(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)	3970.38	34670.96
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3970.38	34670.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3970.38	34670.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	18450.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	1500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1000.00	19950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	19950.00

DETAILED SUMMARY PAGE
of Disbursements

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	3970.38	34670.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3970.38	34670.96
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 / 10
(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)
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

A. Full Name (Last, First, Middle Initial)
Mark E Babbitt

Mailing Address 41725 North Harbour Town Way

City State Zip Code
Anthem AZ 85086

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

Name of Employer: TriWest Healthcare Alliance
Occupation: Sr. VP, Corp & Field Operation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4940.00

Date of Receipt: 11 / 23 / 2010
Transaction ID: 01126.C32117
 Amount of Each Receipt this Period: 570.00

Receipt
Payroll Deduction: (190.00/Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
William Cahill

Mailing Address 412 Idleoak Ct.

City State Zip Code
Severna Park MD 21146-1663

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

Name of Employer: TriWest Healthcare Alliance
Occupation: Director, Washington Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt: 11 / 23 / 2010
Transaction ID: 01126.C32114
 Amount of Each Receipt this Period: 300.00

Receipt
Payroll Deduction: (100.00/Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Debra A. Cavanaugh

Mailing Address 41703 North Shadow Creek Way

City State Zip Code
Anthem AZ 85086

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

Name of Employer: TriWest Healthcare Alliance
Occupation: VP, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 11 / 23 / 2010
Transaction ID: 01126.C32118
 Amount of Each Receipt this Period: 150.00

Receipt
Payroll Deduction: (50.00/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1020.00

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 / 10
	<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)
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

A.	Full Name (Last, First, Middle Initial) Elizabeth Dodd	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 6731 W Oraibi Dr	Transaction ID: 01126.C32123
	City State Zip Code Glendale AZ 85308-5504	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (150.0-0/Bi-Weekly)
Name of Employer TriWest Healthcare Alliance	Occupation SVP, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

B.	Full Name (Last, First, Middle Initial) James G. Griffith	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address PO Box 41580	Transaction ID: 01126.C32115
	City State Zip Code Phoenix AZ 85080-1580	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (100.0-0/Bi-Weekly)
Name of Employer TriWest Healthcare Alliance	Occupation VP, eBusiness	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

C.	Full Name (Last, First, Middle Initial) William Heroman	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 13645 Glencliff Way	Transaction ID: 01126.C32119
	City State Zip Code San Diego CA 92130-1324	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (100.0-0/Bi-Weekly)
Name of Employer TriWest Healthcare Alliance	Occupation VP, Health Plan Design & Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
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 / 10
	<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)
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

A.	Full Name (Last, First, Middle Initial) Karen Jones	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 37237 N 19th Ave	Transaction ID: 01126.C32124
	City State Zip Code Phoenix AZ 85086-9154	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	Payroll Deduction: (35.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Janet E. Kornblatt	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 11998 N 133rd Way	Transaction ID: 01126.C32122
	City State Zip Code Scottsdale AZ 85259-3661	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	Payroll Deduction: (50.00- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) John P. Pontrelli	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 10683 N 140th Way	Transaction ID: 01126.C32120
	City State Zip Code Scottsdale AZ 85259-5500	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96	Payroll Deduction: (38.46- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	370.38
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 9 / 10
	<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)
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

A.	Full Name (Last, First, Middle Initial) James Sears	Date of Receipt MM / DD / YYYY 11 / 29 / 2010
	Mailing Address 13212 Avenida La Valencia	Transaction ID: 01230.C32126
	City State Zip Code Poway CA 92064-1908	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: TriWest Healthcare Alliance Occupation: Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 1000.00	

B.	Full Name (Last, First, Middle Initial) Charlotte L. Tsoucalas	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 317 S Fayette St	Transaction ID: 01126.C32121
	City State Zip Code Alexandria VA 22314-5902	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: TriWest Healthcare Alliance Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 1200.00	Payroll Deduction: (50.00- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Robert Wolpert	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 3931 West Range Mule Drive	Transaction ID: 01126.C32116
	City State Zip Code Phoenix AZ 85083	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: TriWest Healthcare Alliance Occupation: VP, Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 2600.00	Payroll Deduction: (100.0- 0/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	1450.00
TOTAL This Period (last page this line number only)	3890.38

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 10

<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)
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

A.

Full Name (Last, First, Middle Initial)
SENATE MAJORITY FUND

Transaction ID: 01230.E882

Date of Disbursement

Mailing Address 507 Capitol Court NE #100

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	1	0

City Washington State DC Zip Code 20002-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
DIRECT CONTRIBUTION

Category/
Type

Candidate Name
SENATE MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

DIRECT CONTRIBUTION

State: District:

ANNUAL/OTHER

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00
