

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

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="2012"/>		44827.30
(b) Cash on Hand at Beginning of Reporting Period.....	34695.36	
(c) Total Receipts (from Line 19)	2066.92	17434.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	36762.28	62262.28
7. Total Disbursements (from Line 31).....	3500.00	29000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	33262.28	33262.28
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

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).....	2036.92	14826.14
(ii) Unitemized	30.00	2608.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2066.92	17434.98
(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)	2066.92	17434.98
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))..... ▶	2066.92	17434.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2066.92	17434.98

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.....	3500.00	29000.00
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)) ..	3500.00	29000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	29000.00

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)	2066.92	17434.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2066.92	17434.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

A. Elizabeth Dodd
Full Name (Last, First, Middle Initial)
Mailing Address 6731 W Oraibi Dr
City Glendale State AZ Zip Code 85308-5504
FEC ID number of contributing federal political committee. **C**
Name of Employer TriWest Healthcare Alliance Occupation SVP, Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR7992703806
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

B. William Cahill
Full Name (Last, First, Middle Initial)
Mailing Address 412 Idleoak Ct.
City Severna Park State MD Zip Code 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 ▼ 1300.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR7992743806
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

C. James G. Griffith
Full Name (Last, First, Middle Initial)
Mailing Address 5532 E Saguaro Vista Drive
City Cave Creek State AZ Zip Code 85331
FEC ID number of contributing federal political committee. **C**
Name of Employer TriWest Healthcare Alliance Occupation VP, eBusiness
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR7992763806
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

A. Robert Wolpert
Full Name (Last, First, Middle Initial)

Mailing Address 3931 West Range Mule Drive

City Phoenix	State AZ	Zip Code 85083
-----------------	-------------	-------------------

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

Name of Employer TriWest Healthcare Alliance	Occupation VP, Controller
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR7992773806

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

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

Mailing Address 41725 North Harbour Town Way

City Anthem	State AZ	Zip Code 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 ▼ **2470.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR7992783806

Amount of Each Receipt this Period

380.00

P/R Deduction (\$190.00 Bi-Weekly)

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

Mailing Address 42140 N. Mantle Way

City Anthem	State AZ	Zip Code 85086
----------------	-------------	-------------------

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

Name of Employer TriWest Healthcare Alliance	Occupation VP, Executive Operations
---	--

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
06	/	30	/	2012

Transaction ID : PR7992793806

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	680.00
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 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

A. William Heroman
Full Name (Last, First, Middle Initial)
Mailing Address 13645 Glenduff Way
City San Diego State CA Zip Code 92130-1324
FEC ID number of contributing federal political committee. **C**
Name of Employer TriWest Healthcare Alliance Occupation VP, Health Plan Design & Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR7992803806
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

B. Lisa D Stevens
Full Name (Last, First, Middle Initial)
Mailing Address 7030 North 22nd Street
City Phoenix State AZ Zip Code 85020
FEC ID number of contributing federal political committee. **C**
Name of Employer TriWest Healthcare Alliance Occupation VP, Provider Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR7992813806
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

C. John P. Pontrelli
Full Name (Last, First, Middle Initial)
Mailing Address 10683 N 140th Way
City Scottsdale State AZ Zip Code 85259-5500
FEC ID number of contributing federal political committee. **C**
Name of Employer TriWest Healthcare Alliance Occupation VP, Chief Security Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2012
Transaction ID : PR7992833806
Amount of Each Receipt this Period 76.92
P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 356.92
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 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

Full Name (Last, First, Middle Initial) A. Charlotte L. Tsoucalas		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR7992843806
Mailing Address 317 S Fayette St		Amount of Each Receipt this Period 100.00
City Alexandria	State VA	Zip Code 22314-5902
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
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 ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Janet E. Kornblatt		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR7992853806
Mailing Address 11998 N 133rd Way		Amount of Each Receipt this Period 100.00
City Scottsdale	State AZ	Zip Code 85259-3661
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer TriWest Healthcare Alliance	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Karen Jones		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR7992873806
Mailing Address 37237 N 19th Ave		Amount of Each Receipt this Period 70.00
City Phoenix	State AZ	Zip Code 85086-9154
FEC ID number of contributing federal political committee. C		P/R Deduction (\$35.00 Bi-Weekly)
Name of Employer TriWest Healthcare Alliance	Occupation VP Southwest Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

NAME OF COMMITTEE (In Full)
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

Full Name (Last, First, Middle Initial) A. William J. Pokorny		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR7992903806
Mailing Address 33805 North Second Street		Amount of Each Receipt this Period 50.00
City Phoenix	State AZ	Zip Code 85085
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer TriWest Healthcare Alliance	Occupation Director Field Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Deborah M. Funk		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR8292053806
Mailing Address 412 East Fort Avenue		Amount of Each Receipt this Period 80.00
City Baltimore	State MD	Zip Code 21230
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer TriWest Healthcare Alliance	Occupation Deputy Director DC Office	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	2036.92

**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)

TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

Full Name (Last, First, Middle Initial)

A. Garamendi For Congress

Mailing Address C/O California Political Law, Inc.
3605 Long Beach Blvd., Ste. 426

City Long Beach State CA Zip Code 90807

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Rep. John Garamendi

Office Sought: House
 Senate
 President
State: CA District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : 6455466

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Rep. Rick Larsen

Office Sought: House
 Senate
 President
State: WA District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2012

Transaction ID : 6460328

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Coffman For Congress 2012

Mailing Address 9249 South Broadway #200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Rep. Mike Coffman

Office Sought: House
 Senate
 President
State: CO District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2012

Transaction ID : 6518575

Amount of Each Disbursement this Period

500.00

Direct Contribution

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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)

TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

Full Name (Last, First, Middle Initial)

A. Doug Lamborn For Congress

Mailing Address P.O. Box 64107

City Colorado Springs State CO Zip Code 80962

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Doug Lamborn

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : 6518576

Amount of Each Disbursement this Period

1500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Alaskans For Begich 2014

Mailing Address PO Box 410

City Palmer State AK Zip Code 99645

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Mark Begich

Category/
Type

Office Sought: House
 Senate
 President
State: AK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

Transaction ID : 6518577

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

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

2000.00

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

3500.00
