

# 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) 1610 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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2011 through 06 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 William Cahill

Signature of Treasurer Electronically Filed by William Cahill Date 07 28 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.

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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		48824.34
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	48824.34									
(c) Total Receipts (from Line 19) .....	13127.98	13127.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	61952.32	61952.32								
7. Total Disbursements (from Line 31) .....	19500.00	19500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	42452.32	42452.32								
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

TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	12857.98	12857.98
(ii) Unitemized .....	270.00	270.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13127.98	13127.98
(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) .....	13127.98	13127.98
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 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)) .....	13127.98	13127.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13127.98	13127.98

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.....	19500.00	19500.00
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	0.00
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))..	19500.00	19500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19500.00	19500.00

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 .....	13127.98	13127.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13127.98	13127.98
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: PAGE 6 / 16  
(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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Dodd</p> <p>Mailing Address 6731 W Oraibi Dr</p> <p>City State Zip Code Glendale AZ 85308-5504</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer TriWest Healthcare Alliance</p> <p>Occupation SVP, Finance</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> PR799270991</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1500.00</span></p> <p>P/R Deduction (\$100.00 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) William Cahill</p> <p>Mailing Address 412 Idleoak Ct.</p> <p>City State Zip Code Severna Park MD 21146-1663</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer TriWest Healthcare Alliance</p> <p>Occupation Director, Washington Office</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> PR799274991</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1300.00</span></p> <p>P/R Deduction (\$100.00 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) James G. Griffith</p> <p>Mailing Address PO Box 41580</p> <p>City State Zip Code Phoenix AZ 85080-1580</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer TriWest Healthcare Alliance</p> <p>Occupation VP, eBusiness</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> PR799276991</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1300.00</span></p> <p>P/R Deduction (\$100.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">4100.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 7 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Robert Wolpert

Mailing Address 3931 West Range Mule Drive

City State Zip Code  
Phoenix AZ 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: 06 / 30 / 2011  
**Transaction ID:** PR799277991  
 Amount of Each Receipt this Period: 1300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B.** 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 ▼ 2470.00

Date of Receipt: 06 / 30 / 2011  
**Transaction ID:** PR799278991  
 Amount of Each Receipt this Period: 2470.00  
 P/R Deduction (\$190.00 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 ▼ 650.00

Date of Receipt: 06 / 30 / 2011  
**Transaction ID:** PR799279991  
 Amount of Each Receipt this Period: 650.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4420.00

**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 8 / 16  
(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)  
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

**A.**

Full Name (Last, First, Middle Initial)  
William Heroman

Mailing Address 13645 Glencliff 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 / 2011  
Transaction ID: PR799280991  
Amount of Each Receipt this Period 1300.00  
P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Lisa D Stevens

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 ▼ 458.00

Date of Receipt 06 / 30 / 2011  
Transaction ID: PR799281991  
Amount of Each Receipt this Period 458.00  
P/R Deduction (\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
John P. Pontrelli

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 / 2011  
Transaction ID: PR799283991  
Amount of Each Receipt this Period 499.98  
P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2257.98**

**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 / 16  
(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)  
TriWest Healthcare Alliance Corp. PAC (TriWest Alliance PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charlotte L. Tsoucalas</p> <p>Mailing Address 317 S Fayette St</p> <p>City State Zip Code Alexandria VA 22314-5902</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer TriWest Healthcare Alliance</p> <p>Occupation Director</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">650.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> PR799284991</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">650.00</span></p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Janet E. Kornblatt</p> <p>Mailing Address 11998 N 133rd Way</p> <p>City State Zip Code Scottsdale AZ 85259-3661</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer TriWest Healthcare Alliance</p> <p>Occupation General Counsel</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">650.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> PR799285991</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">650.00</span></p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Karen Jones</p> <p>Mailing Address 37237 N 19th Ave</p> <p>City State Zip Code Phoenix AZ 85086-9154</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer TriWest Healthcare Alliance</p> <p>Occupation VP Southwest Operations</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">455.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> PR799287991</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">455.00</span></p> <p>P/R Deduction (\$35.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1755.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 16	
	(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"/> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) William J. Pokorny		Date of Receipt																					
	Mailing Address 33805 North Second Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	1	1														
City	State	Zip Code	<b>Transaction ID:</b> PR799290991																					
Phoenix	AZ	85085	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		<b>C</b>	325.00																					
Name of Employer TriWest Healthcare Alliance		Occupation Director Field Operations	P/R Deduction (\$25.00 Bi-Weekly)																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	325.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12857.98

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Norm Dicks for Congress</p> <p>Mailing Address PO Box 1663</p> <p>City Tacoma State WA Zip Code 98401-1663</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Norm Dicks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4227853 <b>Date of Disbursement</b> 04 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Direct Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Trent Franks</p> <p>Mailing Address P.O. Box 8105</p> <p>City Glendale State AZ Zip Code 85312</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Trent Franks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4227871 <b>Date of Disbursement</b> 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Direct Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Trent Franks</p> <p>Mailing Address P.O. Box 8105</p> <p>City Glendale State AZ Zip Code 85312</p> <p>Purpose of Disbursement ITEMIZE Stop Payment</p> <p>Candidate Name Trent Franks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4227872 <b>Date of Disbursement</b> 04 / 19 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>ITEMIZE Stop Payment</p>

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

2500.00

**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

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

A.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Trent Franks	Transaction ID: 4227873 Date of Disbursement
	Mailing Address P.O. Box 8105	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City Glendale State AZ Zip Code 85312	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Trent Franks	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

B.	Full Name (Last, First, Middle Initial) Buck McKeon for Congress	Transaction ID: 4227875 Date of Disbursement
	Mailing Address 23942 Lyons Ave #105	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Santa Clarita State CA Zip Code 91321	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name Howard 'Buck' McKeon	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

C.	Full Name (Last, First, Middle Initial) Giffords for Congress	Transaction ID: 4227878 Date of Disbursement
	Mailing Address 209 Pennsylvania Ave St.	<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Gabrielle Giffords	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

A.	Full Name (Last, First, Middle Initial) Jeff Flake for U.S. Congress	Transaction ID: 4227879 Date of Disbursement 03 / 21 / 2011
	Mailing Address 1136 East Harmony Ave	Amount of Each Disbursement this Period 1000.00
	City Mesa State AZ Zip Code 85204	
	Purpose of Disbursement Direct Contribution	011 Category/ Type
	Candidate Name Jeff Flake	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

B.	Full Name (Last, First, Middle Initial) Friends for Harry Reid	Transaction ID: 4227880 Date of Disbursement 03 / 29 / 2011
	Mailing Address 426 C St NE Rear Building	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Direct Contribution	011 Category/ Type
	Candidate Name Harry Reid	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

C.	Full Name (Last, First, Middle Initial) Quayle for Congress	Transaction ID: 4227881 Date of Disbursement 04 / 05 / 2011
	Mailing Address 1010 North 2nd Ave #425 C	Amount of Each Disbursement this Period 1000.00
	City Phoenix State AZ Zip Code 85003	
	Purpose of Disbursement Direct Contribution	011 Category/ Type
	Candidate Name Ben Quayle	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> 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

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

A.	Full Name (Last, First, Middle Initial) Joe Wilson for Congress	Transaction ID: 4227882 Date of Disbursement
	Mailing Address P.O. Box 29576	<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20017	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Joe Wilson	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

B.	Full Name (Last, First, Middle Initial) Susan Davis for Congress	Transaction ID: 5311688 Date of Disbursement
	Mailing Address P.O. Box 84049	<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
	City San Diego State CA Zip Code 92138	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Susan Davis	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

C.	Full Name (Last, First, Middle Initial) Heller for Senate	Transaction ID: 5311689 Date of Disbursement
	Mailing Address PO Box 371907	<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
	City Las Vegas State NV Zip Code 89137	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Dean Heller	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Direct Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

A.

Full Name (Last, First, Middle Initial)  
Reyes Committee, The

Mailing Address 499 S. Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

Candidate Name  
Rep. Silvestre Reyes

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 16

Transaction ID: 5311700  
Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

Direct Contribution

B.

Full Name (Last, First, Middle Initial)  
Friends Of Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
Direct Contribution

Candidate Name  
Mr. Joe Heck

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Transaction ID: 5311706  
Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

Direct Contribution

C.

Full Name (Last, First, Middle Initial)  
Adam Smith for Congress Cmte

Mailing Address PO Box 23626

City Federal Way State WA Zip Code 98093-0626

Purpose of Disbursement  
Direct Contribution

Candidate Name  
Adam Smith

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 09

Transaction ID: 5311711  
Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

4000.00

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)

PAGE 16 / 16

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Jeff Miller For Congress <hr/> Mailing Address P. O. Box 126 <hr/> City Pensacola State FL Zip Code 32591 <hr/> Purpose of Disbursement Direct Contribution Candidate Name Rep. Jeff Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5311712 Date of Disbursement 06 / 23 / 2011
	Amount of Each Disbursement this Period 1000.00 Direct Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen <hr/> Mailing Address PO Box 326 <hr/> City Everett State WA Zip Code 98206 <hr/> Purpose of Disbursement Direct Contribution Candidate Name Rep. Rick Larsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5311713 Date of Disbursement 06 / 23 / 2011
	Amount of Each Disbursement this Period 1000.00 Direct Contribution

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

2000.00

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

19500.00